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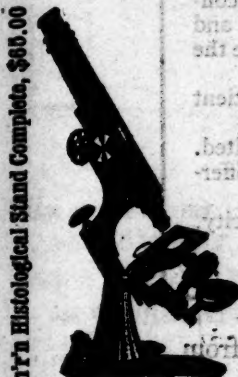
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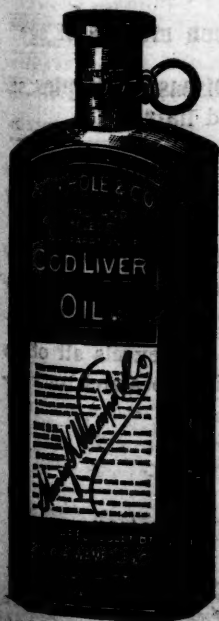
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1. The use of alkaloids hypodermically is to be encouraged; as tending to accuracy of diagnosis and of medication: and certainly of results. A full list is given; and the more frequent use of morphine provided for by inserting three salts, of diverse strength.

2. Very few compounds are included; as a greater variety of agents is thus secured, in the given limit: and every physician should be able to make his own combinations at will. Exception is made in the case of a few combinations, of special value and common use: such as the laxative triturate, and the lozenge of morphine and ipecac.

3. Acetanilide is entered in $\frac{1}{2}$ gr. tablets, as most convenient for children. For adults, four or more may be given at a dose. Antipyrine is omitted on account of its high price, which has led to the general substitution of acetanilide.

4. Arsenic appears in five forms, of various strengths. Surely enough, even of this valuable drug.

5. Tartar emetic is often useful in small doses. The $\frac{1}{10}$ gr. tablet is selected, as smaller doses may easily be prepared, by dissolving a tablet in any given number of tablespoonfuls of water. Thus, one tablet with ten spoonfuls of water gives $\frac{1}{100}$ gr. per spoonful. The same may be said of many other remedies in the list: and explains the restriction to our size of drugs used in many sized doses.

6. Arsenic sulphide deserves a place and a trial for the sake of Dr. Louis Lewis, who brought it into notice.

7. Atropine represents belladonna so fully that no other preparation of this plant is needed.

8. If creasote be required in larger doses than one grain, it should be administered hypodermically, in fluid cosmoline.

9. Cupric arsenite is called for frequently, from Dr. Aulde's strong recommendation.

10. Eucalyptin, gelsemium, leptandrin, and a number of other drugs adopted from the Eclectics, deserve a far more general trial than they have yet received. Several others would have been included, as irisin, if they had been in any manufacturer's list.

II. Viburnum has established a place in the treatment of menstrual disorders.

12. Digitalin can scarcely be held to represent foxglove closely enough to warrant the substitution of the former. The hypodermic list, however, contains enough for any one who wishes to try the experiment.

13. Ox-gall is as surely indicated as pepsin, and should be used as frequently.

14. Eight chalybeates should afford a sufficient range of choice.

15. Six mercurials are about enough. The subsulphate bottle will probably become dusty, but is prized highly by many, in croup.

TRITURATES, 500 EACH.		Santonin, 1-4 gr. ea.....	\$0 60
Acetanilide, 1-2 gr. each.....	\$0 80	Styechinine sul., 1-40 gr. ea....	40
Acid. arsenic, 1-20 gr. ea.....	40	Tr. acconite, 1 gr. ea.....	40
" benzoate, 1 gr. ea.....	60	" gelsemium, 8 gr. ea.....	40
Aloin, 1-5 gr. ea.....	60	" hydrastis, 3 gr. ea.....	40
Al. bel., str. and lpe.....	60	" lobelia, 8 gr. ea.....	40
Ant. and pot. tart., 1-10 gr. ea.....	40	" quassia, 5 gr. ea.....	40
Armenic bron., 1-60 gr. ea.....	40	" sanguinar., 3 gr. ea.....	40
" sulphid, 1-30 gr. ea.....	40	" scilla, 3 gr. ea.....	40
Atrophine sul., 1-300 gr. ea.....	40	" senega, 5 gr. ea.....	40
Bismuth subnit., 2 gr. ea.....	1 00	" strophanthin, 3 gr. ea.....	45
Caleli sulphid, 1-8 gr. ea.....	40	Trinitrin, 1-20 gr. ea.....	40
Ceril oxalat., 1 gr. ea.....	50	Bland's.....	1 00
Cresacote, 1-4 gr. ea.....	40	Tr. cimicifug., 2 gr. ea.....	65
Cupri arsenic, 1-100 gr. ea.....	40	" cantharidis, 1 gr. ea.....	55
Eucalyptin, 1-3 gr. ea.....	40	" colchicum, 2 gr. ea.....	60
Ext. serpentari., 1-4 gr. ea.....	60	" phytolacca, 1 gr. ea.....	50
" viburnum, 1 gr. ea.....	60	Zinc sulphocarb., 1 gr. ea.....	50
" digitalis fl., 1 gr. ea.....	45	Tr. verat. vir., 2 m.....	40
Fel. bovin., 1 gr. ea.....	45	Ext. gentian fl., 3 m.....	45
Ferri arsenit., 1-8 gr. ea.....	45		
" redact., 1 gr. ea.....	45		
Hydraz. bichlor., 1-20 gr. ea.....	40		
" ch. nit., 1-4 gr. ea.....	40		
" iod. vir., 1-4 gr. ea.....	50		
" ox. flav., 1-35 gr. ea.....	45		
" subsulph., 1-2 gr. ea.....	40		
Ipecacuanha, 1-8 gr. ea.....	40		
Lithi carb., 1-2 gr. ea.....	55		
Morphine sulph., 1-8 gr. ea.....	1 00		
Ol. amygd. almond., 1-10 gr. ea.....	40		
" erigeron, 1-10 gr. ea.....	40		
" tigeli, 1-10 gr. ea.....	40		
Eucaparin mur., 1-50 gr. ea.....	80		
Powder's 21-2 gr. ea.....	80		

Santonin, 1-4 gr. ea.	\$0 60
Strychnine sul., 1-40 gr. ea.	40
Tr. acetone, 1 gr. ea.	40
" gelsemium, 3 gr. ea.	40
" hydrastis, 3 gr. ea.	40
" lobelia, 3 gr. ea.	40
" quassa, 5 gr. ea.	40
" sanguinar, 3 gr. ea.	40
" scilla, 3 gr. ea.	40
" senega, 5 gr. ea.	40
" strophanthin, 3 gr. ea.	45
Trinitrin, 1-20 gr. ea.	40
Bland's	1 00
Tr. cimicifuga, 2 gr. ea.	65
" cathartidis, 1 gr. ea.	50
" colchicum, 2 gr. ea.	65
" phytolacca, 1 gr. ea.	50
Zinc sulphocarb., 1 gr. ea.	50
Tr. verat. vir, 2 m.	40
Ext. gentian fl., 3 m.	45

Ammon. bromide, 10 gr. ea...	35
Calc. lactophos., 5 gr. ea.....	80
Ergotin, 1 gr. ea.....	35
Ext. cannab. ind., 1-4 gr. ea...	25
Ferri protocarb., 5 gr. ea.....	25
" citrate, 5 gr. ea.....	30
" and myrrh.....	25
" iod.....	20
" and potas. tart.....	40
Gold & soda chlor. 1-20 gr. ea	80

16. Morphine sulphate renders other opiates unnecessary : though convenience is consulted by adding the three hypodermic salts, Dover's, and a lozenge of morphine and ipecac.

17. The small dose of pilocarpine, is because it is not often used. So with santonin.

18. Strychnine sulphate renders nux and ignatia superfluous. The compounds are all unnecessary.

19. Lobelia occupies a place not filled by any other remedy. Its remarkable "drying" powers, in excessive secretions, are not so widely known as they should be.

20. Sanguinaria will stimulate the bronchial mucosa when all else has failed.

21. Trinitin is given in $\frac{1}{10}$ gr. tablet, as a larger supply can thus be carried : and the dose can be so easily divided, $\frac{1}{100}$ gr. is enough.

22. *Cimicifuga* and *phytolacca* have their uses: the one in chorea, the other in mastitis; where they cannot well be replaced.

23. Dr. Waugh could hardly overlook the sulpho-carbolate of zinc, or lactophosphate of lime.

24. Cannabis is an exasperating drug: continually coming up as a remedy for something in which other remedies are always a little better.

25. Gold threatens to be a fad. We put in enough to afford a trial.

26. Naphthaline is inserted for experiment.

27. Phenacetin cannot in all cases be replaced by the cheaper acetanilide.

28. Resorcin has had such strong recommendations in intestinal complaints that it should be generally tried; though we do not believe it compares with the sulpho-carbolate.

29. Salol has a value in cystitis that nothing approaches: unless it be pichi; and that is not a good drug for a triturate, as the dose is too large.

30. The succinate of soda has the one excuse for its existence, in its power in preventing gall-stone colic.

31. Sulfonal is costly, and yet it must be included: as it is the best of hypnotics.

32. Zinc phosphide amply fills the place of phosphorus. In treating neuralgia, it is of great value to make a powerful impression on the disease: to be followed by less energetic remedies.

33. The children take kindly to the wafers of quinine tartrate and chocolate.

34. Many other remedies are to be found in the lists, but are not recommended; as grindelia and rhubarb, which require too large a dose; valerian, whose odor is objectionable. etc., etc.

Pil. hydrarg., 5 gr. ea.....	\$0 30
Leptandrin, 1-2 gr. ea.....	25
Naphthaline, 2-12 gr. ea.....	25
Peppin, 1 gr. ea.....	55
Eucnacin, 3 gr. ea.....	1 25
Potas. bismut., 2 gr. ea. (200).	55
Quin. blaup., 5 gr. ea. (200).	80
Rosorcin, 3 gr. ea.....	35
Salol, 3 gr. ea.....	60
Sod. salicylat., 5 gr. ea. (200).	1 10
"succinat., 2 gr. ea.....	35
Sulfonal, 15 gr. ea., No. 10.....	75
Zinc phosphide, 1-12 gr. ea.....	20
Quin., tannat. and color.....	45

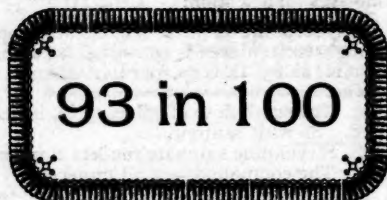
20 in each tube.

20 in each tube.	
Atropine sulph., 1-60 gr. ea.....	10
Apomorphin. mur., 1-10 gr. ea.....	20
Aconitin, 1-60 gr. ea.....	24
Cocaine mur., 1-6 gr. ea.....	24
Conine hydrobrom., 1-90 gr. ea.....	24
Caffeine, 1 gr. ea.....	18
Curarin sulph., 4-60 gr. ea.....	12
Digitalin, 1-100 gr. ea.....	10
Duboisin mur., 1-60 gr. ea.....	11
Eserine sul., 1-50 gr. ea.....	15
Hydrarg. ch. cor., 1-30 gr. ea.....	10
Hyoscamin. sul., 1-60 gr. ea.....	12
Hyoscine hyd., 1-100 gr. ea.....	2
Morphine sul., 1-4 gr. ea.....	14
bismut., 1-3 gr. ea.....	15
mur., 1-6 gr. ea.....	15

Pilocarpin mur., 1-8 gr. ea.....	\$0 20
Picrotoxine, 1-40 gr. ea.....	15
Physostigmin. salic., 1-40 gr. ea.....	10
Quin. carb. amid., 2 gr. ea.....	35
stryehaline sul., 1-60.....	10
Sparteine sul., 1-30 gr. ea.....	10
Trinitrin, 1-100 gr. ea.....	20
Codelln, 1-8 gr. ea.....	20
Ergotin, 1-10 gr. ea.....	20

LOZENGES.	
Acid tannic, 1-2 gr. ea., 1 lb...	70
Soda-mint, 1lb.....	50
Resin gualac, 2 gr. ea., 1-4 lb..	23
Potas. citrat, 3 gr. ea.,	76
" bicarb. " ..	25
Soda " " " " " "	45
Potas. chlorat. " " " "	45
Ammon chlor, 3 gr. ea.	60
Potas. brom, 5 gr. ea.	1 15
" iod., " " " " " "	1 00
Tar, 1 lb.....	53
Morph. and ipecac, 1 lb.....	75
Cubeb, ol. res., 1-2 gr. ea., 1-4 lb.	40
Eucalyptus, 1-4 lb.....	25

	\$8 78
Hypodermic tablets.....	8 87
Pills.....	10 40
Triturates.....	26 90
Total.....	\$50 95



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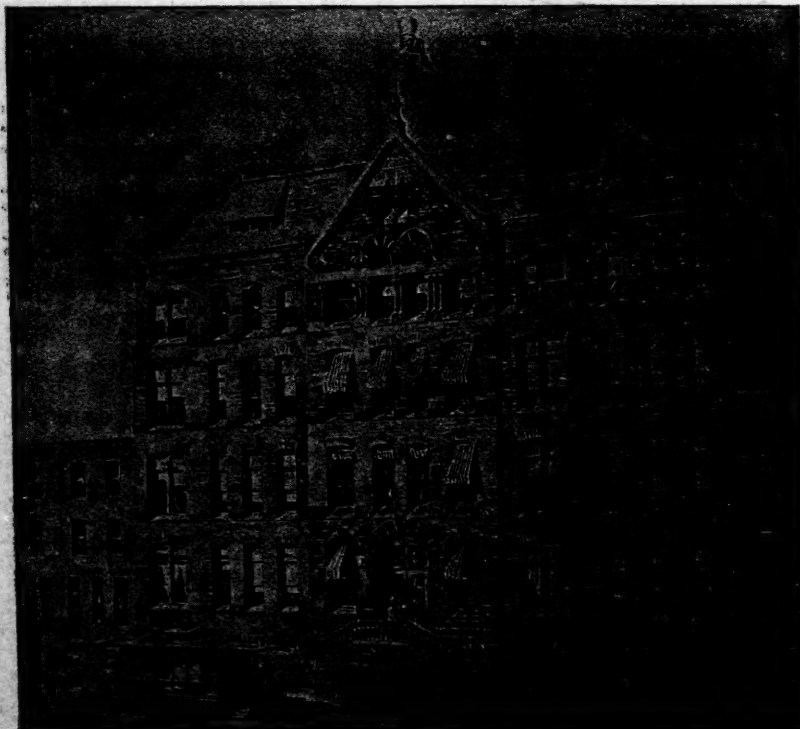
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Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N. Y. Medical Record*, October 12, 1899). Extract:

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1899, p. 377), read before the Kings County Medical Association, February 6, 1899:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact."

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers."

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Husband—"Yes, but it always acts."

Two children were playing on the sidewalk and a lady passed them.

"She's a grass widow," said one.

"What's a grass widow?" asked the other.

"Gracious! Don't you know that?" said the other, scornfully; why, her husband died of hay fever."

In a certain house there was a baby that annoyed every one by its continual squalling. At last a physician was called in. He administered a bolus of the soothing virtues of which he had a high opinion, and offered to pass the night in the house to observe the effects of his remedy.

After a few hours, hearing no noise, he exclaimed:

"Good! the child is cured."

"Yes," replied an attendant, "the child has indeed stopped crying, but the mother has begun to mourn."—*Siao Li Siao.*

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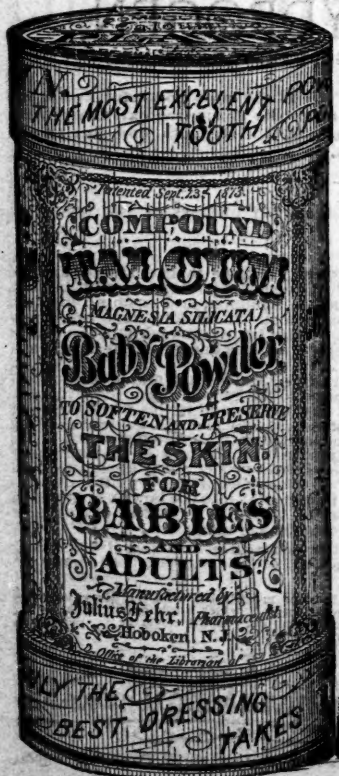
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Original Article.

ARISTOL, THE NEW ANTISEPTIC: ITS ADVANTAGES OVER IODOFORM.¹

By M. EGASSE,

Professor of Chemistry at the Rochefort School of Medicine. Collaborator of Les Nouveaux Remèdes, Paris, etc.

THE research for chemical substances endowed with antiseptic properties analogous to those of preparations we already possess, but which do not present the unpleasant effects which accompany or follow the use of the latter, has led to the discovery of a perfectly well-defined product, to which Eïchhoff, who has studied its therapeutic properties, has given the name of *Aristol*, from a Greek word, meaning "better."

Aristol is an amorphous powder, of a reddish-brown color; that is to say, when it is properly prepared. It is inodorous, and is insoluble in cold water; but it decomposes in water having a temperature of 140° F. It is insoluble in glycerine, and sparingly soluble in alcohol; but it dissolves readily in ether, chloroform and benzine. Alcohol possesses the power of precipitating it from its ethereal solution.

It dissolves in the fixed oils, and in liquid vaseline; but heat should not be used in making the solutions.

Hence, we must not call it a strictly stable product, while we bear in mind that it is best as it is, for *aristol* owes its therapeutic properties to the slow elimination of iodine, which is set at liberty under the influence of light and heat.

¹ From the *Bulletin Général de Thérapeutique*, Paris, September 15, and October 15, 1890.

It has been established that *aristol* is not toxic, and no unpleasant phenomena have developed after its application as a surgical dressing. The investigations as to the harmlessness of the preparation, were made at the instance of Prof. Quinquand, by M. Fournioux, who also studied in what manner, and under what forms it was eliminated. With these objects he employed injections (subcutaneous) of *aristol* in olive oil. From these experiments, he drew the following

CONCLUSIONS:

1. *Aristol* in subcutaneous injections with oil, is not toxic to guinea-pigs, in doses of 2.50 gm. per kilogramme of the weight of the animal.
2. Introduced into the stomach it is eliminated in part by the urine in the form of alkaline iodides, and probably, in the form of thymol in alkaline combination.
3. The urine eliminates but about one-half of the iodine ingested.
4. The subcutaneous injections occasion no local inflammation.
5. The duration of the process of elimination averages four to five days; sometimes the period is shorter, and its length seems to depend upon the dose injected.

At a meeting of the French Society of Biology, Prof. Quinquand confirmed these conclusions; he stated also that he had never found thymol in the urine.

ARISTOL IN THERAPEUTICS.

Eïchhoff was the first to employ *aristol* in the hospital service, and he commenced his tests in the dermatological and syphilis wards of the Elberfeld Civil Hospital. He based his belief in the preparation

upon its chemical composition, which he thought must endow it with exceptionally valuable antiseptic qualities. He felt, also, that the absence of odor in aristol must give it a marked superiority over other preparation of iodine, especially iodoform. Hence, to his mind, aristol was clearly indicated in various cutaneous lesions and in the syphilides.

A woman of thirty-five years, suffering from varicose ulcers and eczema of the legs, was treated topically, with an ointment consisting of 10 parts of aristol and 90 parts of vaseline. Within twenty-four hours the ulcerations had a better appearance. At the end of a week's treatment, the patient was discharged cured.

A woman of about thirty-five years was suffering from facial lupus to such a degree that she had been declared incurable. Eichoff treated the edges of the lesions with an ointment of resorcin and phenicated oil, after which he made three applications daily of the 10 to 90 parts of aristol and vaseline, covering the dressings with gutta-percha cloth. In a few days the granulations presented a better aspect, the borders of the lesions were less prominent, and the pruritus had disappeared. The painful phenomena, such as cephalalgia, insomnia, etc., which had followed the application of iodoform, did not appear under the use of aristol. The lesions healed in four weeks.

In connection with this case, Eichoff remarked that the other medicaments, pyrogallie acid, corrosive sublimate, salicylic acid, creosote and arsenic, employed to combat lupus, are not efficacious, except as against the bacillus; they have no favorable action upon the cicatrization of the lesion. Aristol united these two conditions, and this gave to aristol a marked superiority over the substances cited.

This action upon the bacillus of lupus led to the supposition that aristol, used hypodermically, would be a specific in tuberculosis and syphilis, and experiments were commenced to test this proposition.

In psoriasis, aristol gave better, though not quite as rapid, results as are obtained from chrysarobine and pyrogallie acid, while it possessed the inestimable advantage of being free from odor and wholly innocuous.

In tinea sycosis, aristol, while being as actively efficacious as other applications, possessed so great an advantage over them through the fact of its non-irritating qualities, that cures by it were much more rapidly gained.

Aristol was likewise successfully employed in various forms of psora, in eczematoses, and in hereditary syphilis.

Eichoff observed no toxic phenomena as following the use of aristol, and he recommends it highly in surgical cases, even diseases of the bones and articulations.

In cutaneous affections he declares that aristol is a highly advantageous substitute for iodoform, iodol and soziodol.

In a communication to the Society of Practical Medicine (Paris), Dr. Baratoux cited a number of cases as demonstrating that aristol is a cicatrizing agent of the highest order of merit.

Professor Schmitt, of Nancy, France, has reported a large number of cases demonstrating the value of aristol as an antiseptic and a cicatrizing agent.

An ethereal solution of 15 to 100 caused prompt cicatrization of strumous ganglia in two children.

Rapid cure was obtained in seven cases of varicose ulcerations of the inferior members. The patients had been previously and unsuccessfully treated by dressings of phenic acid, creoline or iodoform, and had been kept in bed.

In two cases of generalized psoriasis the ethereal solution of 10 to 100 of aristol effected a disappearance of the efflorescences quite as rapidly as though chrysarobine had been used, and this without causing irritation.

In Dr. Schmitt's cases, to the number of forty, he never observed any sign of toxic effect from the use of aristol.

Dr. Fournioux, with Prof. Quinquand, studied, in the service of the Hospital Saint-Louis, the effects of aristol as a topical cicatrizing agent of all varieties of ulcerations, and also investigated its properties as a therapeutic agent in various cutaneous affections. He regards aristol as "a true therapeutic agent for ulcerations and open wounds generally." "Its action," says Dr. Fournioux, "is incontestable in cases of varicose ulcerations of the inferior members, and, under its application, cicatrization is extremely rapid."

In chronic ulcers with callous borders, and which were lacking in vitality and rebellious to the best previously-known topical applications, aristol was found very useful; exuberant granulation followed its use.

An extensive eczematous ulceration upon the posterior surface of the right leg was cured rapidly by applications, repeated every two or three days, of aristol in powder.

In the treatment of soft and indurated chancres, the effects of aristol were not immediately appreciable; but, as soon as the influence was felt, cicatrization proceeded very rapidly. In no case were inflammatory phenomena observed as following the use of aristol.

Aristol gave excellent results in the treatment of ulcerative syphilitic gummata.

Aristol proved to be efficacious in the treatment of a case of cutaneous tuberculosis.

Briefly, Dr. Fournioux said there could be no doubt concerning the antiseptic properties of aristol. It certainly prevented the development of mycoderms and the microbes of suppuration, even when employed in small quantities. "Its cicatrizing properties," he stated, "were very evident, while we know that the applications of aristol are not painful, irritating, or toxic." He regards aristol as an excellent therapeutic agent.

Dr. Quinquand's conclusions, as communicated to the French Society of Biology, were analogous to those above stated. Prof. Quinquand added that the action of aristol is very marked upon ulcerations of the inferior members, whether or not of an eruptive nature, as also upon chronic chancres and atonic ulcers.

In a communication to the Paris Society of Practical Medicine, Dr. Gaudin gives an account of a number of cases in which he employed aristol. He first tried the preparation in a case of uterine epithelioma, which he treated with tampons of aristolized cotton. He did not, of course, obtain a radical cure of the condition, but the hemorrhage was soon arrested, the fetid ichor was effectually checked, and the lesion took on a healthy coloration.

Associated with suitable internal treatment, the application of aristol cured a case of syphilitic chancre of the lower lip.

The results were excellent in two cases of generalized psoriasis.

Good results were obtained from applications of aristol in two cases of varicose ulcer of the inferior members; in two cases of pilar eczema, and in one of chancre of the penis.

Dr. Gaudin prefers aristol to iodoform, as it possesses all of the good qualities of the latter, while it is free from the disagreeable odor and toxic influence by which iodoform is characterized. It adheres well, both to the skin and the mucous membranes, a property which renders its use very advantageous for dressings of lesions of the natural cavities.

The ready solubility of aristol in ether makes it suitable for use in the impregnation of the paraphernalia used in surgical dressings. Though insoluble in water, the local effects of aristol are very manifest, and are most satisfactory.

In Dr. Gaudin's estimation aristol is a perfect substitute for iodoform. Its use is indicated, he says, in varicose ulcers and in simple chancres, the base of the latter not being indurated by its action. And it does not, like calomel, tend to give to chancres a phagedenic character. In psoriasis it has no toxic or irritant action. It acts well in cutaneous affections of parasitic origin.

Loewenstein employed aristol in four cases of ozena, to the exclusion of all other therapeutic agents. By practicing insufflations of powdered aristol, and using aristolized collodion (10 per cent.), as a paint, he was enabled to effect rapid cures in syphilitic ozena.

In three cases of simple ozena, insufflations of powdered aristol caused a disappearance of the fetid odor, and the accompanying cephalalgia, while they prevented entirely the formation of crusts.

Dr. Loewenstein also observed that the powdered aristol adhered admirably to the mucous membrane, forming a perfect coating to the parts affected.

Dr. Pollak, of Prague, made a very successful use of aristol in the form of a 1 to 100 solution in alcoholized ether. He also made successful use of a 10 per cent. ointment (made with vaseline) in congenital scrofulous engorgement; in epididymitis, in parametritis; in tuberculous inflammation of lymphatic glands, and in various ulcers.

Dr. Pollak states that aristol is an excellent substitute for all of the iodinated preparations hitherto employed.

Dr. Seguiet gives in a thesis the results of his tests of aristol. In tuberculous ulcerations aristolized dressings promptly diminished the secretion of pus; acted as a powerful detergent of the surfaces, and finally effected a cure of the condition. The use of iodoform had not been followed by good results in this case.

Applied to soft chancres, aristol had disinfected the surfaces and effected cicatrization.

Varicose ulcers on the inferior members were rapidly cicatrized under applications of aristol in powder.

Dr. Seguiet states that aristol is an excellent substitute for iodoform, while it possesses neither the strong odor nor toxic properties of the latter preparation. It is important, he adds, to carefully consider the many indications for its use and to assure ourselves that it contains no alkaline iodides. It renders inestimable service as a cicatrizing in ulcerations of the skin and mucous surfaces; indeed, it is "an epidermic agent" of the highest order of merit.

Dr. Doyan has employed aristol in a certain number of cases. In the case of a child of ten years, suffering from syphilitic ulcerations with atonic granulations and thickened edges, he effected rapid cicatrization by the use of a ten per cent. ointment of aristol and vaseline.

In a case of ulcerative lupus of the face, in which the condition had continued for several years, Dr. Doyan made applications of the above mentioned ointment for one month, with the effect of determining

complete cicatrization of the ulcerated surfaces. The dressings gave rise to no pain or irritation of the neighboring tissues, and had not untoward effect upon the patient's general condition. An examination of the urine gave no sign of the presence of iodine. Hence, it would seem that aristol acts not only as a cicatrizing, but also as a specific remedy for the bacillus tuberculosis as developed in lupus.

In a case of varicose ulcerations of the inferior extremities, accompanied by parasitical eczema, a ten per cent. ointment of aristol and vaseline gave excellent results. The patient was able to leave the hospital, cured, after seven days of treatment.

Two children suffering from trichosis of the scalp were treated locally with a ten per cent. ointment of aristol, applied twice daily. Complete cure was effected in ten days.

Dr. Estapo, of Barcelona, reports that he used aristol at his clinics of children's diseases in the Asile Luna del Nino Jesus. He cites the case of a child, aged two and a half years, who was suffering from an impetigo of the ear, which, under the influence of a diphtheritic attack, became covered with false membrane, and took on the aspect of a large ulcer situated in the mastoidal and parotidian region. Applications of aristol in powder, administered twice a day, promptly cured the ulceration.

A child of three years, suffering from chronic coryeza, was promptly cured by insufflation of aristol in powder, alternated by pulverizations of a solution of the same preparation.

Aristol in powder effected rapid cicatrization of an ulceration in the thoracic region which had previously remained obstinate to various methods of treatment.

Dr. Eichhoff in a second series of experiments with aristol, states in five cases of lupus maculosus, and four cases of ulcerative lupus, he obtained complete cicatrization by the use of aristol. He commenced treatment by scraping and cauterizing the surfaces.

By the use of a ten per cent. ointment of aristol, he succeeded in curing nine out of eleven cases of mycosis tonsurans. The employment of a five per cent. ointment and a five per cent. elastic collodion of aristol for three weeks only, cured eight cases of parasitical sycosis barbæ and of the mons pubis, and five cases of eczema of the face, arm, etc. A case of erythematous lupus of the face, hands and feet was greatly ameliorated by its use.

It seems very evident from the extracts we have given from the various reports upon this subject, that in aristol we have added a veritable arm to our therapeutic arsenal.

FORMULARY:

Ethereal Solution:

Aristol.....	10 gm.
Ether.....	100 "

Aristolized Collodion:

Aristol.....	1 gm.
Drastic collodion.....	9 "

(The collodion adheres well).

Aristol Ointment:

Aristol.....	10 gm.
Olive oil.....	20 "
Lanoline.....	70 "

Aristol Crayons (Swieciki):

Aristol.....	5 gm.
G. acaciæ.....	q. s.

(Make 5 crayons; may be used in the uterus in endometritis).

Aristol Suppositories :

Aristol..... $\frac{1}{2}$ to 1 gm.
 Cacao butter q. s.
 (For one vaginal suppository)

Aristol Gauze.—The gauze should be impregnated with an ethereal solution of aristol, and made to contain from one 1 to 2 gm. of aristol per square yard.

Aristol should be kept in opaque, yellow containers made of glass.

Society Notes.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, February 11, 1891.

The President, JOHN B. ROBERTS, M.D., in the Chair.

DR. CHARLES HERMON THOMAS submitted a paper on

THE CONSTRUCTION AND ADAPTATION OF SPECTACLE-FRAMES.

The treatment of ocular defects by means of glasses involves beside the optical correction, a factor of no less practical importance—their mechanical adjustment. The purpose of the present paper is to direct attention to some of the mechanical aspects of the subject, particularly to the principles involved, and to certain methods of mounting spectacle-glasses.

The results of the most accurate refractive measurements may be entirely vitiated by a faulty position of the correcting glasses; not only so, but new sources of eye-strain may be created by the very means adopted to remove an existing fault. Correcting glasses are remedial agents, just as orthopaedic appliances are, and, as such, are powerful for evil as well as good, and hence everything belonging to them falls within the duty of the prescribing physician.

The optical center of a lens is generally that part of the glass which we wish to bring before the pupil, as it, and the part of the lens immediately surrounding it, are freest from aberrations of all sorts—distort least. Occasionally, however, it may be desirable to displace this point by a definite amount; in any case, we should insist on having the optician carry out our directions as regards the manner of mounting and the position of the glass with the same exactness that he employs in making it of the proper strength.

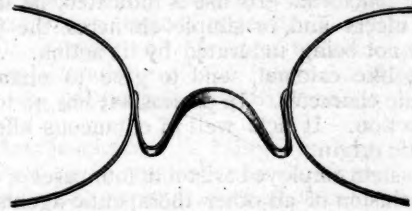
The purpose of the spectacle-frame is to hold a pair of glasses before the eyes in a definite position and with the least possible annoyance to the wearer. To accomplish this, I devised a plan about thirteen years ago (1878) for the construction of spectacle-bridges, which plan provides especially for a wide range of adaptability, and the consequent accurate adaptation of spectacles to individual faces of almost every conceivable form. No account of the principles involved has heretofore been published, so far as is known, although some special forms of the bridge, as originally made under my direction, have come into almost universal use, being known throughout the optical trade under the name saddle bridge.

Previous to the introduction of this bridge it was not practicable to obtain spectacle-frames suitable for persons with unusual forms of nose or face or with excessively prominent eyes or long lashes. Then, besides the ordinary "regular bridge," there was nothing better in use than the "X-bridge" or the equally

unsatisfactory "snake-bridge," in both of which the combined weight of the glasses and frames was often borne directly upon the crest of the nose, besides which they usually failed to place the glasses in the correct position before the eyes. Few could wear either of the latter with comfort, and those who succeeded often did so only by padding them with wrappings of thread, thus making an unsightly cushion at the point of contact with the nose.

The bridge (Fig. 1) under the plan referred to consists of (1) a nose-piece of arched form, of flattened wire, and made to conform accurately to the shape of

FIG. 1.



Saddle-bridge—typical form (back view).

the nose at a definite point of selection, crossing the bridge of the nose at right angles, and so resting saddle-wise upon it—whence its name. (2) A pair of adjustable return-pieces or arms, to the extremities of which are attached the rims or clasps carrying the glasses. These arms are produced by bending outward upon themselves the limbs of the wire from which the arch of the bridge has been formed, and are given whatever special direction may be required to place the glasses in the desired position before the eyes of the individual wearer.

The bridge consists, then, of an arch and two adjustable arms, which, while fixing the glasses in their proper position before the eyes, should furnish as nearly an immovable support as possible.

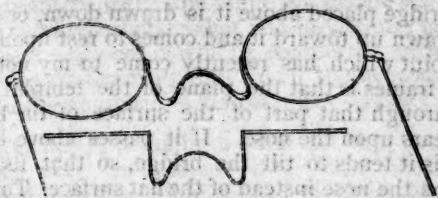
The bridge of the nose close to its root being the basis of support, the spectacle-bridge must be constructed with reference to this part. The wire of which it is made should be wide at the middle and taper toward each end, so as to make the bridge widest where it takes its bearing on the sensitive part of the crest of the nose. Narrowing the extremities is of special advantage, as it facilitates any necessary bending at that point in the process of adjustment. The sides of the arch should embrace the nose snugly without undue pressure, and extend well back toward the inner canthus, but not far enough to press upon the lachrymal sac. The saddle, or arch, as thus described, becomes the fixed support when it rests in its proper position. This position varies considerably in different persons, though on every nose there is usually one best point that should be sought—the point of selection, it may be termed. Unless the arch be adjusted to this particular point, the wearer will be rendered uncomfortable, and be continually shifting his spectacles. A few days' wear may be required to determine this point definitely in a particular case.

The arch of the bridge, when once adapted to the nose, is not to be altered in position during any subsequent regulation or adjustment which may be required; it is to be considered as a definitely fixed support, whose situation is determined, once for all, by the conformation of the wearer's nose. Hence the position which the lenses are to take before the eyes does not directly depend upon the arch, but rather upon the length and direction of the adjustable arms attached to it, by variations in which the

glasses may be made to take any required position. The arms are to be made long or short; they may be set high or low; pointed inward or outward, according to the requirements of any given case.

If the eyes be specially prominent, and the bridge of the nose be low, thus causing the lashes to project beyond the level of the nose, the arms must be made relatively long (Fig. 2); or, if the bridge of the nose

FIG. 2.



Saddle-bridge, with horizontal arms; for prominent eyes and long lashes.

be low or flat, and the eyes be placed relatively high, it may be required to direct the arms perpendicularly upward (Fig. 3); or, again, if the bridge of the nose

FIG. 3.



Saddle-bridge, with vertical arms for flattened nose; eyes high.

be prominent, and the eyes sunken, the arms should be shortened, or even reduced to the minimum required for purposes of lateral and vertical adjustment.

The height of the eye as related to the part of the nose on which the arch rests—the point of selection—determines the amount of slant, if any, to be given to the arms. In practice it is found that in by far the larger proportion of cases the arms are nearly horizontal, slanting slightly upward; in exceptional cases they slant downward below the horizontal; and in rare instances it is necessary to give them an almost perpendicular direction upward. The angle which the arms make with the clamp or rim carrying the glasses must vary according to the direction of the arms, in order to keep the plane of the glasses perpendicular to the visual lines. The arm, where it is soldered to the rim, or the clasp of frameless glasses, is slightly bent in an upward direction. Increasing or diminishing these curves changes the position of the glasses vertically, and so compensates for any degree of upward or downward slant of the arms. This may be necessary where, for example, the point of selection of the arch is low down on the nose; the arms must then ascend vertically to raise the glasses to a level with the eyes; but this position of the arms will cause the glasses to assume an approximately horizontal direction—parallel to the visual lines—if the arms meet the rim at or about a right angle, as they usually do; in such a case, the arm must be bent so as to join the lens at an oblique angle or even lie in the plane of the lens.

The proper adjustment of a pair of spectacles in ordinary cases is largely determined, as we have seen, by the length and direction of the arms. In special cases, also, as in asymmetry of the face, the compensation required is to be effected by the same

means. In some cases the arms may need to be of unequal length. It is of frequent occurrence that the centers of the pupils on the two sides are unequally distant from the center of the arch. When this condition exists it is to be met by varying the direction and, it may be, also the length, of the arms.

It is important from the point of view of the optician, to note that the principal adaptations of the bridge are preferably to be made extemporaneously and with the patient present. In this way, with a variety of sizes of the typical form at hand, the skilful mechanic is able to produce any particular modification which may be required without specially constructing the frames, even for atypical faces. It is often desirable to take the conformation of the nose at the point of selection. This may conveniently be done with lead wire, and the outline thus obtained may—by "rubbing"—be made a part of the record of the case.

Variations in the size of the lenses employed will also necessitate modifications in the lateral adjustment of the arms. To get the advantages of a large glass in cases where the distance between the eyes is relatively small, the arms will have to be bent inward—made to approach each other. The opposite direction may have to be given them in cases of unusual width of face.

Lateral supports, or clamps, which take their bearing lengthwise on the sides of the nose near the base, as in eye glasses of the best construction, have occasionally been employed by others in combination with spectacle frames, but usually in form and by mechanical means not wholly satisfactory.

I have recently had made by the Fox Optical Company a combination of the eye glass clamps with the saddle-bridge (Fig. 4), which is neat and simple in construction.

FIG. 4.



Saddle-bridge: with clamps.

struction, and which combines the advantages of both in great degree. The attachment is so made as to preserve the adjustability both of the bridge and the clamps. The special advantage of this combination is that it distributes the pressure over a larger surface, and upon parts better able to sustain it than does the arch of the bridge alone.

The side-pieces, or temples, should be specially adapted to the ear with as much care as the bridge is to the nose in each individual case. They should be hooked around the ears for constant use and be so formed as to retain the bridge at the point of selection on the nose, and thus secure a fixed position of the entire appliance. The curve of temples, as ordinarily made, is of far too great a radius. It takes its bearing behind the ear upon a limited surface, and so is liable to cut; it fails to secure a proper hold to prevent its riding upward, and it often exerts spring-pressure productive of pain and injurious to ears and nose alike.

An adapted temple, designed to fulfil the above indications and obviate these defects, has recently been constructed under my directions, and has borne the test of use so well as to justify its continued regular employment (Fig. 5). The wire of which it is made

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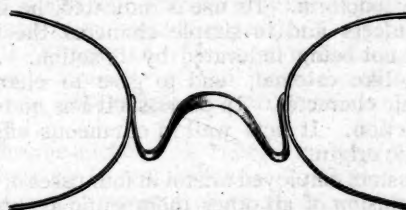
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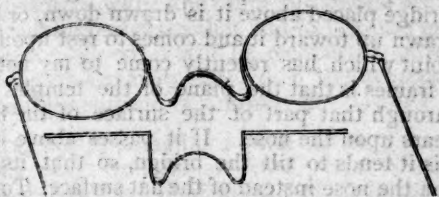
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Saddle-bridge, with vertical arms for flattened nose; eyes high.

be prominent, and the eyes sunken, the arms should be shortened, or even reduced to the minimum required for purposes of lateral and vertical adjustment.

The height of the eye as related to the part of the nose on which the arch rests—the point of selection—determines the amount of slant, if any, to be given to the arms. In practice it is found that in by far the larger proportion of cases the arms are nearly horizontal, slanting slightly upward; in exceptional cases they slant downward below the horizontal; and in rare instances it is necessary to give them an almost perpendicular direction upward. The angle which the arms make with the clamp or rim carrying the glasses must vary according to the direction of the arms, in order to keep the plane of the glasses perpendicular to the visual lines. The arm, where it is soldered to the rim, or the clasp of frameless glasses, is slightly bent in an upward direction. Increasing or diminishing these curves changes the position of the glasses vertically, and so compensates for any degree of upward or downward slant of the arms. This may be necessary where, for example, the point of selection of the arch is low down on the nose; the arms must then ascend vertically to raise the glasses to a level with the eyes; but this position of the arms will cause the glasses to assume an approximately horizontal direction—parallel to the visual lines—if the arms meet the rim at or about a right angle, as they usually do; in such a case, the arm must be bent so as to join the lens at an oblique angle or even lie in the plane of the lens.

The proper adjustment of a pair of spectacles in ordinary cases is largely determined, as we have seen, by the length and direction of the arms. In special cases, also, as in asymmetry of the face, the compensation required is to be effected by the same

means. In some cases the arms may need to be of unequal length. It is of frequent occurrence that the centers of the pupils on the two sides are unequally distant from the center of the arch. When this condition exists it is to be met by varying the direction and, it may be, also the length, of the arms.

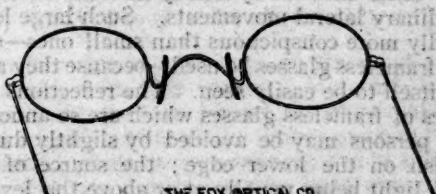
It is important from the point of view of the optician, to note that the principal adaptations of the bridge are preferably to be made extemporaneously and with the patient present. In this way, with a variety of sizes of the typical form at hand, the skilful mechanic is able to produce any particular modification which may be required without specially constructing the frames, even for atypical faces. It is often desirable to take the conformation of the nose at the point of selection. This may conveniently be done with lead wire, and the outline thus obtained may—by "rubbing"—be made a part of the record of the case.

Variations in the size of the lenses employed will also necessitate modifications in the lateral adjustment of the arms. To get the advantages of a large glass in cases where the distance between the eyes is relatively small, the arms will have to be bent inward—made to approach each other. The opposite direction may have to be given them in cases of unusual width of face.

Lateral supports, or clamps, which take their bearing lengthwise on the sides of the nose near the base, as in eye glasses of the best construction, have occasionally been employed by others in combination with spectacle frames, but usually in form and by mechanical means not wholly satisfactory.

I have recently had made by the Fox Optical Company a combination of the eye glass clamps with the saddle-bridge (Fig. 4), which is neat and simple in construction, and which combines the advantages of both

FIG. 4.



Saddle-bridge, with clamps.

struction, and which combines the advantages of both in great degree. The attachment is so made as to preserve the adjustability both of the bridge and the clamps. The special advantage of this combination is that it distributes the pressure over a larger surface, and upon parts better able to sustain it than does the arch of the bridge alone.

The side-pieces, or temples, should be specially adapted to the ear with as much care as the bridge is to the nose in each individual case. They should be hooked around the ears for constant use and be so formed as to retain the bridge at the point of selection on the nose, and thus secure a fixed position of the entire appliance. The curve of temples, as ordinarily made, is of far too great a radius. It takes its bearing behind the ear upon a limited surface, and so is liable to cut; it fails to secure a proper hold to prevent its riding upward, and it often exerts spring-pressure productive of pain and injurious to ears and nose alike.

An adapted temple, designed to fulfil the above indications and obviate these defects, has recently been constructed under my directions, and has borne the test of use so well as to justify its continued regular employment (Fig. 5). The wire of which it is made

FIG. 5.



Adapted temple.

passes back in a straight line to the top of the ear, at which point it is bent somewhat abruptly downward, and is made to conform accurately to the posterior surface of the conch close to its junction with the head, where it rests in contact with the ear, but without perceptible pressure. Asymmetry in the height of the ears, causing tilting of the frames from the level, is to be met by a compensating adjustment in the temples, *i. e.*, bending the temple upward on the side of the higher or downward on the side of the lower ear—or both—and so dividing the result between the two sides. The glasses should be slightly inclined from the perpendicular, so as to bring the lower edges somewhat nearer the face than the upper, which is to be effected by giving the temples the appropriate angulation at their junction with the hinges when it is impracticable to change the direction of the hinges themselves.

The material of the frames should usually be gold of a good quality and of a weight as light as is consistent with strength and steadiness. Steel rusts too readily and is not well adapted to the adjustments frequently required—more especially in the temples. Silver is so soft as to be almost worthless. The lenses themselves should usually be as large as the face of the wearer permits: seldom less than 28x38 mm. for an adult, and not infrequently as large as 29x40 or 30x42 mm., in order that the eyes may be well covered in their ordinary lateral movements. Such large lenses are hardly more conspicuous than small ones—especially if frameless glasses be used—because they allow the eye itself to be easily seen. The reflections from the edges of frameless glasses which are so annoying to some persons may be avoided by slightly dulling the polish on the lower edge; the source of this reflected light being usually at or above the level of the eyes, the reflection enters the eye from this edge alone.

The glasses should be worn as close to the eyes as possible, without touching the lashes. Occasionally, where the lashes are especially long, with feathery or uneven ends, they should be neatly trimmed with the scissors—a little procedure best practised when the eyes are closed.

It is also to be borne in mind that the subject has an artistic aspect, and that by giving proper consideration to this phase much can be done to remove the opprobrium which frequently attaches to the wearing of glasses. The neat adjustment of a pair of frameless gold-mounted spectacles is doubtless the best that can be accomplished with spectacles in this respect.

In the above it will be seen I have limited myself to a description of no one form of bridge, nor even of a number of special forms, but the effort has been made rather to demonstrate the mechanical principles involved in the construction and adaptation of spectacle-frames suitable to all the requirements of practice. By the means proposed it is practicable to secure the correct position of the glasses before the eye, together with comfort to the wearer and a satisfactory artistic effect, thus fulfilling the three principal indications of spectacle-mounting.

DISCUSSION.

DR. EDWARD JACKSON: One of the difficulties I have met with in having opticians fit frames, and in making students understand how frames should fit, is in regard to the location of this "point of selection," to which Dr. Thomas refers. It is not any point arbitrarily chosen, but is, in each case, rigidly determined by the form of the face. To it the traction of the temples constantly tends to bring the bridge. The bridge placed above it is drawn down, or below it is drawn up toward it and comes to rest upon it.

A point which has recently come to my notice in fitting frames is that the plane of the temples must pass through that part of the surface of the bridge that bears upon the nose. If it passes above or below this it tends to tilt the bridge, so that its edge bears on the nose instead of the flat surface. To effect the proper position it will sometimes be needful to attach the bridge and the joint for the temple, not at opposite extremities of the horizontal diameter of the lens ellipse, but at the extremities of a shorter chord lying above or below this diameter.

DR. GEORGE M. GOULD: I wish to speak on one point brought up by Dr. Thomas, and that is the reflection from the edge of the rimless glasses. I have had patients who could not wear glasses on account of the annoyance caused by this reflection. Last year, in *Knapp's Archives*, I described a little device of my friend, Dr. Rhoades, by which the edge of the glass was beveled on a plane with the pupil. In this way all reflection is avoided. The only objection is that this exaggerates the reflection to the beholder.

In reference to the effects of pressure of the bridge on the nose, I had a case last week which brought a new phase of this matter before me. A couple of months ago I applied glasses to a patient with specific rhinitis. Following this the nose ulcerated near the point of pressure, and several pieces of bone were discharged. I do not think that it was due altogether to misfitting of the frame, but principally to the fact that the skin was so sensitive that the least pressure caused trouble. It, however, gave me a lesson not to apply glasses in specific rhinitis in an acute stage.

The whole of the paper of Dr. Thomas is a corollary to the great fact that the optician should be an educated mechanic. The optician stands in the same relation to the oculist that the druggist stands to the physician. Until the optician learns to take a pride in his profession we shall not have well-fitting glasses, unless we are constantly on the watch. We should, therefore, do all that we can to elevate and encourage the dignity of the optician's profession.

DR. THOMAS: I am glad to hear the suggestions of Dr. Jackson in regard to the line of draught and the location of the temples. I think that there are cases in which this may make a good deal of difference, and it is a point which hitherto I have not taken into account.

The bridge has had a widely extended use for a number of years, and the only reason for bringing the subject forward now is that it is not perfectly understood by ophthalmologists and opticians. It is a bridge of wide adaptability, and is capable of being converted into a great variety of special forms, some of which have been here shown.

HANAU, of Zurich, has successfully transferred squamous-celled carcinoma from a rat with such a growth on the vulva to a series of other rats, while Wehr has transferred vaginal carcinoma from one dog to another.

The Polyclinic.

MEDICO-CHIRURGICAL COLLEGE.

ATAXIC symptoms occurring in the course of a typhoid fever are justly dreaded, indicating the imminent danger of death from nervous breakdown. But in one such case marked and speedy improvement occurred when the oil of turpentine was added to the sulpho-carbolate that had formed the previous treatment. Wood, it will be recollected, introduced this drug as a remedy only when the symptoms indicated the approach of perforation.—*Wagh.*

Flatulence is sometimes quite difficult to relieve. In one very troublesome case some benefit was obtained from the administration of hydrastis and oil of cajuput.—*Wagh.*

A gentleman complained of vertigo, that was felt especially whenever he arose from the recumbent posture; also when he became fatigued. An examination of his heart showed the first sound notably weak at the base. Strychnine was ordered, in doses of gr. $\frac{1}{16}$, ter in die, with prompt relief.—*Wagh.*

The best diet for typhoid fever consists of raw, scraped beef, raw white of egg, café au lait, peptonized milk, Carnrick's and Nestle's milk foods, beef peptonoids, and bovine. These should be properly alternated, and given at intervals of four hours, persisting with those that are best borne and most palatable. Thirst may be relieved by sucking ice, or by shaddock juice, which, if cold, is very acceptable to the patient. Apollinaris water is relished by most persons with fever.—*Wagh.*

COOPER HOSPITAL.

IODOL for dressing wounds, chancres, etc., can be resorted to with perfect confidence in its antiseptic properties. It has the added advantage of being almost odorless, and when we apply it we spare our sensitive patients the mental distress entailed by the unpleasant smell of iodoform.—*Strock.*

In a case of compound, comminuted fracture at the elbow joint that had not received prompt attention, in which the swelling was so great as to completely stop the flow of blood in the ulnar and radial arteries, and gangrene was imminent, the circulation was restored and the threatened amputation averted by placing the limb in an extended position.—*Strock.*

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Reported by J. T. TAYLOR, M.D.

ACASE was presented to the class, with the following history: Six months ago began to have attacks of vomiting, which have been continuous since; the memory is impaired; there is internal strabismus of the right eye; no history of convulsions; impairment of the power of the right arm and leg; with diminished reflexes of the same side; when the patient laughs, the mouth is drawn to the left side; at times there is giddiness; early in the case there was frontal headache; heart sounds normal; urine normal. A diagnosis was made of a tumor at or near the pons varolii. The treatment prescribed was the iodide of potassium in ten-grain doses three times a day.

For a case of incontinence of urine was given:

R.—Auri et sodii chloridi,
Rxt. Belladonnæ..... $\frac{1}{2}$ gr. $\frac{1}{2}$.
M.—Ft. in pil.
Sig. Three times a day, gradually increased.

In a case of "cold abscess," Prof. Keen first evacuated the contents with a vacuum aspirator, then injected the cavity with warm boiled water, followed by an injection of a drachm and a half of iodoform and ether.

For a case of asthma, with loud râles heard all over the chest; harsh respiration; cough, dry at first, now becoming moist; clearness on percussion; moderate fever, was ordered:

R.—Ammonii chloridi..... gr. x.
Ammonii carb..... gr. v.
Liq. potassii citratis..... $\frac{1}{2}$ j.
M.—S. Every three or four hours, with five grains of Dover's powder at night.

For the asthmatic seizures, iodide of potassium or antipyrine, with occasionally a laxative.

Dr. Steiwagon, in treating a case of comedo, advised the use of saline laxatives, and locally tincture of sapo-viridis; to be applied with a flannel rag, first dipped and wrung out of hot water, then a drachm of the tincture poured on, and applied by rubbing in thoroughly.

Also, the application of the following stimulating lotion:

R.—Tinct. cantharidis..... $\frac{1}{2}$ iv.
Tinct. capsici..... $\frac{1}{2}$ j.
Ol. ricini..... $\frac{1}{2}$ ss.
Glycerini..... q. s. ad $\frac{1}{2}$ iv.

Prof. Parvin says that in six to eight per cent. of pregnant cases, pregnancy runs over three hundred days, and even to three hundred and twenty days.

Dr. Rex presented a case of scurvy in a boy ten years old, with this history: Maternal history of phthisis; he presents himself for the relief of a constant cough; aching of the limbs; pains in the back; anorexia; gums swollen, spongy, and at times bleeding. He was directed to take light suppers, plenty of exercise; his diet to consist chiefly of green vegetables, finely divided by passing through a sieve, milk, lemon juice, oranges, beef-tea, and, in conjunction with this, syrup hypophosphites comp. $\frac{1}{2}$ j three times daily.

Prof. Parvin, in speaking of the treatment of endometritis, said the patient should be put to bed, given a saline purgative and antiseptic injections. This may abort an attack. Make use of warm baths; later, astringent injections. There is nothing better in this complaint than the injection of a teaspoonful of creolin to a quart of boiling water, or the application of Churchill's tincture of iodine.

Prof. J. Solis-Cohen says a good plan to check hemorrhage from the nose is to take a long narrow strip of gauze, about three feet long and an inch wide, then with a probe carried along the floor of the nose pack in one foot of the gauze; the second foot should be packed along the roof of the nose, and the remainder packed in between by means of a string through the posterior nares. This is much better than plugging.

A man fifty-eight years of age was passing one hundred and twenty-eight ounces of urine a day; having a

specific gravity of 1.032, and containing sugar. The patient complained of great thirst; a dry, itching skin; constipation, and there was a very great loss of flesh. He was placed on codeine, gr. $\frac{1}{2}$ in pill, three times a day; together with a carefully regulated diet, excluding all starchy or saccharine articles of food. The following day the urine had dropped to sixty ounces, and a week later was reduced to about the normal amount, containing a very small percentage of sugar.

A case of hydrocele, which had been tapped a number of times without eradicating the trouble, and which also had been injected with tincture of iodine without effect, was treated by passing a silk seton from above downward through the sac, an operation strongly recommended by the late Prof. S. D. Gross.

For a case of eczema of the head in children, Dr. Rhoades strongly recommends the following formula:

R.—Acid. salicylici..... gr. xx.
Acid. carbolic..... gtt. v.
Ung. petrolati..... f3j.

M.—Ft. ung.

Sig. Warm, and rub in thoroughly night and morning.

A case of nervous cough, occurring in a child of four years, which came on after an attack of measles. The cough is worse at night, especially in the early morning hours. The face became flushed at times; the child was constantly restless, and exhibited evidence of gradually approaching chorea. Cod-liver oil had been given, which relieved the cough for a time.

In speaking of the case Dr. Rex said that the administration of any oily substance, as cod-liver oil or a glass of warm milk at bedtime, would almost invariably relieve a case of irritable cough. In point of treatment he said rest in bed was of the first importance, and should be insisted upon, together with a warm bath each morning, a diet of easily digested, highly nutritious food. Milk, to which might be added:

R.—Sodii bicarb..... gr. xv.
Pancreatin..... gr. v.

Fowler's solution, gtt. ij, to be increased. If it should nauseate, stop for a day or two, and then increase until the physiological effects are produced. It is better to wait for a while than to decrease the dose of arsenic.

For a case of typhlitis, in which there was a history of six attacks, there was pain in the hypogastrium and right iliac region, tender abdomen, with constipation, the treatment recommended was rest in bed, mercurial laxatives, hot fomentations, and repeated blistering (opium to relieve the pain), and:

R.—Potassii iodidi..... gr. v.
Tinct. belladonnæ..... gtt. iij.
M.—Sig. Ter die.

2. Excise the appendix.

At a recent clinic a patient was presented with carcinoma of the colon; the previous history was negative. The present trouble began about fifteen months ago, when the patient became extremely constipated. This was followed in six months afterward by diarrhoea. There was finally paralysis of the sphincter muscles. On examination, a hard mass was found in the left iliac region, extending for a considerable distance along the intestinal track. For the relief of the patient a right abdominal colotomy was performed.

Dr. Wirgman, for a case of rheumatoid arthritis, recommended 10 grains of salicylate of lithium three times a day, and the application to the affected joints of the following ointment:

R.—Ung. iodi. comp..... 3j.
Ext. belladonnæ fl..... 3ijj.
Ext. opii..... 9.

For a case of parenchymatous nephritis presenting these symptoms: Shortness of breath, cough, attacks of temporary blindness, and, at times, giddiness; oedema of the legs, albumin in the urine. These symptoms came on some time after an attack of the "grippe." The following course of treatment was ordered: Absolute rest, free purgation with calomel, jalap, or magnesia; act upon the skin with pilocarpine; hot bottles along the spine and legs, and following formula:

R.—Tr. digitalis..... ℥x.
Ol. juniperi..... ℥x.
Potassii sulph..... aa gr. xx.
Potassii acitatis..... f3j.
Aque distil..... f3j.

A carefully-regulated diet, chiefly milk. No starchy or saccharine articles of food.

Prof. Brinton, in lecturing to the class on fistula in ano, said that an operation could be done either by laying open the fistulous track with a knife, or by passing a ligature through the opening and tying it, allowing it to cut its way out. In operating with the knife great care should be exercised, so as not to cut the sphincter muscle twice, otherwise incontinence of faeces will be the result. After the operation the bowels should be locked up for two or three days. In giving an injection to unload the bowels, be extremely careful not to inject the fluid into the peritoneal cavity.

In a case of constipation presented at the clinic, the patient, a man fifty-six years of age, had previously enjoyed good health, until two years ago, when he became obstinately constipated; within the last month he said there had been five or six hemorrhages in the stools; there was considerable loss of flesh; dull, heavy pain in the back and abdomen; urine of high specific gravity; tongue slightly furred. The following treatment was advised: After the bowels had been moved freely by catharsis, the patient was to take a pill composed of

R.—Ext. cascariæ sagradæ..... gr. ij.
Ext. nucis vomicæ..... gr. 1.
Ext. belladonnæ alco..... gr. 1.

M.—Ft. in pill.

Sig. Three times a day.

In the case of a child a few months old, suffering from eczema of the face, Dr. Stelwagon prescribed:

R.—Ung. picis liquida..... f3j.
Ung. zinci oxidii..... f3vij.
Sig. To be applied locally.

In a case of goitre, occurring in a woman some months advanced in pregnancy, Prof. Parvin ordered the application of an ointment of:

R.—Hydrargyri iodidi rubri..... gr. xlv.
Cerati simplicis..... f3j.

CREMATION is quite popular in Japan. At six of the eight crematories in the city of Tokyo over 12,000 bodies were incinerated during 1889, at a cost below \$19,000.

The Times and Register

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ABDOMINAL TUBERCULOSIS.

IN the *Lancet-Clinic*, Dr. H. W. French reports a case of more than ordinary interest. It relates to a woman in whom the symptoms of tubercular peritonitis were found. The abdomen was uniformly distended.

Bimanual palpation failed to detect the wave of ordinary ascitic fluid, but it revealed the presence of a denser accumulation which made the abdomen more uniformly elastic than would have been the case had the fluid been of lower specific gravity.

The family history was bad, pointing strongly to the probability of tuberculosis. The patient indulged in an indigestible supper; was seized with vomiting, and threw up a very large quantity of "green dense serum which contained in several places circular or spheroidal masses of a denser serum, which in turn contained ash-colored and yellow masses of a cheesy consistence. These distinct masses of serum were of such greater density than the main portion that, on agitating the vessel and giving it a circular movement, they retained their distinctiveness from the greater portion on allowing it to subside."

The quantity vomited was estimated to be a bucketful—about two and a half gallons.

The abdomen was reduced to its normal size.

The woman was nourished by rectal enemas; symptoms of heart failure were treated with opium and digitalis; and she made a good recovery.

It is unfortunate that Dr. French allowed so interesting a case to be lost to science, by neglecting to verify his diagnosis. When such abundant material was available, it was an easy matter to subject it to a microscopic examination. For want of this, it must remain a question whether this was a case of tuberculosis or not.

The mechanism of the evacuation is also obscure. From the fact that the patient had partaken of an indigestible supper there could not have been any serious gastric involvement, ulcer, pressure from without, or any other disease of the viscus that could

lead to perforation. Pressure from within would have caused the escape of food into the peritoneal cavity, instead of evacuating the serum into the stomach.

Altogether, it must be a source of great regret to every truly scientific mind that no opportunity for an autopsy presented itself. And to the laparotomist the further regret is occasioned of a lost opportunity, in that the recovery did not ensue from an abdominal section.

Annotations.

CYCLOPEDIAS.

WE desire to speak a word of commendation for John B. Alden's little magazine, entitled "Knowledge." It is a monthly cyclopedia; containing such information as one seeks in a cyclopedia, but of later date than any as yet published. It supplies the new matter that is constantly being added to that already in print in works of reference.

About cyclopedias. No house that contains growing children should be without Chambers', Appleton's and the Britannica; also Webster's Unabridged, and Bradley's magnificent atlas. Then, whenever any subject comes up, the children should be taught to refer to these works. The result will be that a surprising amount of general information will be insensibly acquired by them, without apparent effort. A few years of this practice will render any one the possessor of a fund of varied information that will render him capable of conversing intelligently on any subject; or, at least, of being an intelligent listener. Each of these cyclopedias covers some ground better than the others. Chambers' is particularly good on all subjects connected with the British possessions, especially India; while on American matters, such as the late civil war, it is simply ridiculous, from its strong Southern bias. Appleton's excels in American affairs, but not so much as it should; while it is weak in historical matters. The Britannica fairly makes up for the deficiencies of both.

LOCAL NUTRITION.

IN the *Dixie Doctor*, Dr. W. H. May describes a mode of treating indolent ulcers that bids fair to prove of considerable value. The case was an ordinary leg-ulcer, of two years' duration; and "all other treatment had failed," as a matter of course, Dr. May then injected one dram of a mixture of bovine— one part—with boiling water—three parts—at a temperature of 110° F., at six different places around the ulcer, one inch from its margin. This was repeated every other day; all other treatment being discontinued, except salines to regulate bowels. The ulcer was frequently washed with hot, sterilized water, and kept covered with bichloride cotton. In one week healthy granulations began to appear, and in two months the ulcer had so far healed that all treatment was discontinued, except petrolatum dressing. Two months later it was entirely well.

Local nutrition is a new idea in therapeutics, and one which is susceptible of extended applications, if this first favorable experience with it shall be confirmed by further trials. On its face, the theory is more than plausible. The undeniably good effects of inunctions with hot animal fats in general wasting show that nutritives can be introduced through the

skin. If local diseases be due to local denutrition, there is every reason to expect good from local nutrition.

Would injections of bovine relieve the pains of senile gangrene?

IN Italy no proprietary medicine may be offered for sale unless it is first sanctioned by the Superior Sanitary Council. Over two hundred such articles have been rejected, and at one meeting every article presented was disapproved, on the grounds that they all contained ingredients that cannot be used with safety except under the direction of a physician; many were actually dangerous, and many others possessed none of the virtues attributed to them.

The effete monarchies may count one more point as against the free republic. Progress in civilization entails differentiation in the occupations of citizens, and as this obtains, the liberty of each to follow the dictates of his own will becomes circumscribed by the rights of others. The doctrine of "every man his own doctor" belongs to a lower grade of development than that in which the one becomes a doctor exclusively.

There is, however, a demand for simple remedies for domestic use that will be satisfied by somebody; and no law could be enforced that would take away the right to use home remedies. It would be a wise thing if the medical profession were to recognize this fact, and supplant the nostrums now in use by a judiciously-selected case of household remedies, with a book of directions for their administration, and of instructions as to the proper limits of such home medication.

Judicious law-makers deal with things as they are, and not with ideal states as they exist in the minds of theorists. Every nostrum that meets a real need should be replaced by a similar preparation; the dangerous ones should be marked with the brand of disapproval.

HYPNOTISM AND HYPNOTIC SUGGESTION.

HAMILTON OSGOOD, M.D., of Boston (*Boston M. and S. Jour.*), who has employed the method of treatment by hypnotism and hypnotic suggestion in a large variety of cases, including women of great delicacy of constitution and marked hysterical tendencies, is convinced that the assertions of the leading hypnotizers of Europe with reference to the harmlessness of this treatment, when intelligently applied, are true. The possibility of idiosyncrasy must be always borne in mind, however, although Osgood has never met it in any of the patients whom he has hypnotized; nor have any other hypnotizers who confine themselves to the Nancy method. As to the assertion that hysterical patients are unfit subjects for hypnotic suggestion, from the popular belief that their condition is aggravated under its influence, he cites a case occurring in his own practice, that of a young woman, who, after some years of increasingly intense hysteria, became so violent that she was sent to the McLean Asylum, where she remained twelve months. Leaving that institution, she was one day seized with a convulsive attack, because of fright caused by sudden palpitation of the heart. Hypnotic suggestions were employed, since which time, with occasional applications of hypnotic suggestion, she has been rapidly improving in physical and mental condition. Van Ken-terghem and Van Beden, together with Moll, assert that the dangers of hypnotism lie rather in insuffi-

cient technical knowledge than in hypnotism itself, and they urge the abstaining from suggestions which do not accord with the normal functions of the organism. Bésillon, of Paris, has been treating epilepsy by hypnotic suggestion, and has met with great success.

Letters to the Editor.

THE SECRET OF SUCCESS.

AFTER a little rest, and being somewhat fixed in our new home, I will try to comply, briefly, with your kind request, viz.: "That out of my long practice and experience I could find matter that will interest the younger members," etc.

Yes, certainly, if I only had them before me most gladly would I give them the true secret of success in practice. I would fix it in their minds that the whole science of medicine is contained in two words. Yes, all that any physician can do when called to attend the sick is to *cleanse and strengthen*, or, in other words, to help nature do its work. You may attend all the lectures and clinics and read everything that is to be found in the books, but, remember, that in every and in all cases there are but two things to be done—taking it for granted that you are well qualified for your work, and understand your remedies, and know how to use them—the great object and secret of success is to help nature do its work, to cleanse and strengthen.

J. B. WILLIAMS, M.D.

WILKINSBURG, PA.

HYPERIDROSIS.

ON page 531 (as far as I remember) of your worthy journal for December 6, 1890, I found the following lines:

"Habitually moist feet.—This is found most frequently in such persons as live well and take little exercise . . . the best results of treatment have been obtained from the employment . . . oxide of zinc . . ."

From my own experience I am able to state that hyperidrosis—habitually moist feet—I found mostly in those persons who take even *much* exercise. If the observations of the author of the above statement and those of my own are both correct, we can draw a conclusion therefrom—that hyperidrosis may be peculiar to those who take little and those who take much exercise.

As to the remedies offered by the author, I cannot perfectly agree with him. I do not deny that zincum, plumbum, alumen, and other astringent agents, which many physicians are eager to use, especially *per se*, will stop perspiration, but we have to bear in mind that perspiration is a physiological function, which, if interfered with, might produce bad results. Therefore, in such a case, the indication for the treatment is not to stop the perspiration, and all we have to do is to *diminish* its quantity. If any habitual and necessary secretion be stopped the result is injurious to the organism—a fact which may be confirmed by constipatio alvi, ischuria, suppressio mensium, etc., and the secretion of sweat is but a necessary and habitual function of the organism, whether it be in the axillas, on the back, chest, or on the feet. Hufeland (*Enchiridion medicum*), even in the first half of the present century, called the attention of the medical profession to the injurious effects of astringents

when used often and *per se* in such cases. To my mind the best remedy at present to be applied is daily washings of the feet, frequent change of stockings, and powdering the feet and inside the stockings with the following powdered combination :

R.—Acidi salicylici..... 3ss.
 Alum. crud. pulv..... 3j.
 Amyli triti..... 3iv.
 Ol. bergamoti..... gtt.x.
 Spiriti vini..... 3j.
 Talc. venet..... 3ij.

M.—S. As directed.

Or the following simple combination :

R.—Acidi salicylici..... ʒiiss.
 Amyli..... ʒviij.
 Talc. venet. pulv..... 3ij.—3vij.

M.—S. As directed.

Either will dispel also the disagreeable odor peculiar to these cases. S. SEILIKOVITCH.
 308 SPRUCE STREET.

SOME ALARMING SYMPTOMS FROM ANTI-FEBRINE.

MRS. T. A., aged thirty-seven years, of a nervous temperament, had pneumonia of the apex of the right lung ten years ago; has since had three attacks of pleurisy. General health, fair. Mrs. A. has had periodical attacks of neuralgia of the fifth pair of nerves for one year, due to ovarian irritation; has an attack usually before menstruation, lasting for one day, and the last day of her monthly periods. I was called to see her during one of these attacks, and found her suffering from an attack of neuralgia. I prescribed for her antifebrine in 5-grain doses, to be taken every hour. She took three powders, when, in about an hour, she had some alarming symptoms—skin, cold and blue; the hands and arms exposed to the air were quite blue; but where the arms were covered with clothing, were not as well marked. Feet and legs were almost of a purple color, extending to the knees; nails were blue, and cold. Mucous membrane of nose, lips, gums, pharynx, and conjunctiva of eyes were of a dark, cyanotic color.

Heart's Action.—Normal as to number of contractions, but feeble.

Lungs.—Respiration; 20; expiration, prolonged; vesicular breathing, well marked over chest.

Nervous Symptoms.—The whole body had a numb feeling, and felt as though the parts needed to be kept moving, and could not rest unless the extremities were moving. A strange, indescribable feeling came over the patient, and continued for six hours. Temperature, 99° F.

After these symptoms had continued for six hours, they commenced to ameliorate, and in twelve hours had entirely disappeared; but the patient remained weak for two or three days.

This was the most decided case of the effects of antifebrine. I have not read of any case in which those peculiar symptoms were produced by such small doses, and not administered oftener.

J. W. FRANKHAUSER.

READING, PA.

Book Notices.

KOCH'S REMEDY, in relation specially to Throat Consumption. By LENNOX BROWNE, F.R.C.S., Ed. Illustrated by 31 cases, and by 50 original engravings and diagrams. Philadelphia: Lea, Bros. & Co., 1891. Cloth, pp. 114.

We are now reaching a point at which we may look for some sober, thoughtful reports on the Koch treatment from men of a judicial frame of mind, and possessed of the necessary facilities for study. Among these, Dr. Browne's book comes as the first in the field. His aims are stated to be :

1. To show that the local effects can be better studied in the throat than elsewhere.

2. To consider whether the therapeutic and diagnostic effects cannot be more satisfactorily gauged in the larynx than in any other internal organ.

3. He endeavors to explain the general phenomena of the remedy and the details of its administration, so as to serve as a guide to those who desire to adopt the treatment.

The book will receive an eager welcome from the profession.

FOURTEENTH ANNUAL REPORT OF THE BOARD OF HEALTH OF THE STATE OF NEW JERSEY, AND REPORT OF THE BUREAU OF VITAL STATISTICS, 1890. Trenton, N. J.

This volume contains the Secretary's Report, Health Inspector's Guide, Sewerage and Drainage of Trenton, Sewers of Mt. Holly, Deterioration of Water, Ground Water, Lightning Conductors, Trades and Occupations as Related to Public Health, Tenement Houses, Report of the New Jersey Sanitary Association, Reports from Local Boards, Medical Registry, Vital Statistics, The Influenza Epidemic, Typhoid Fever, Dysentery, and Diphtheria, Transportation of the Dead, Climatology.

These reports are so important and so interesting that it would be well if some plan could be devised by which they could be brought directly into the hands of the people at large. Valuable information, of vital importance to every citizen, is buried in reports that do not reach any appreciable percentage of those who ought to read them. How many tenants know their own rights and their landlord's duties as to sanitary matters? How many laborers inhale the fumes of metals, etc., without knowing that these noxious agents are destroying their health needlessly, as their employers can and should abate the nuisance? The benefit that would inure from any method of popularizing a knowledge of hygiene is simply incalculable.

SEXUAL NEURASTHENIA.—Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D. Edited by A. D. ROCKWELL, A.M., M.D. In one volume. Crown 8vo. Nearly 300 pages. \$2.75. New York: E. B. Treat, publisher, 5 Cooper Union.

The philosophy of this work is based on the theory that there is a special and very important and very frequent clinical variety of neurasthenia (nervous exhaustion) to which the term sexual neurasthenia (sexual exhaustion) may properly be applied.

The long familiar local conditions of genital debility in the male—impotence and spermatorrhoea, prostaticrhoea, irritable prostate—which have hitherto been almost universally described as diseases by themselves, are philosophically and clinically analyzed.

The subject is restricted mainly to sexual exhaustion as it exists in the male, for the reason that the symptoms of neurasthenia, as it exists in females, are, and for a long time have been, understood and recognized. Cases analogous to those in females are dismissed as hypochondriacs, just as females suffering from now clearly explained uterine and ovarian disorders were formerly dismissed as hysterics.

This view of the relation of the reproductive system to nervous diseases is in accordance with facts that are verifiable and abundant; that in men as in women, a large group of nervous symptoms, which are very common indeed, would not exist but for morbid states of the reproductive system.—[From Dr. Beard's *Introduction*.

The causes and symptoms of forty-three cases are given, followed by a chapter on Diet for the Nervous, with treatment and formulas. Third edition enlarged.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1891. Edited by P. W. WILLIAMS, M.D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. \$2.75. New York: E. B. Treat, publisher, 5 Cooper Union.

The ninth yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement, and great usefulness. The corps of department editors, in number and ability, surpass that of last year. Its numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best résumé of medical progress yet offered.

Part I comprises the New Remedies, together with a Review of the Therapeutic Progress of the Year.

Part II is devoted to Special Articles on Diagnosis: the first on Deformities of the Hand, and Their Diagnostic Value in Nerve Lesions; the second on the Character of the Sputum as an Aid to Diagnosis.

Part III, comprising the major portion of the book, is given to the consideration of New Treatment, and is a retrospect of the year's work, with numerous Original Articles by eminent authorities.

The fourth—and last—part is made up of Miscellaneous Articles, such as Recent Improvements in Sanitation; Concerning Climatology and Hygiene; Alcoholic Inebriety, and the Results of Asylum Treatment; Improvements in Pharmacy; Books of the Year, etc.

The arrangement of the work is alphabetical, and, with its complete index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years—\$2.75.

Pamphlets.

Sulfonal-bayer. Recent Observations on Its Value as a Hypnotic. New York: W. H. Schieffelin & Co. 1891.

Nasal Intubation. By D. H. Goodwillie, M. D. Reprinted from *The New York Medical Journal* for May 17, 1890.

Deafness as a Result of Nasal and Dental Diseases. By D. H. Goodwillie, M. D. Reprinted from *The New York Medical Journal* for August 24, 1889.

The Medical Digest.

FROM an extended experience of years, with hundreds of cases, I am forced to regard eye strain as the cause in over seventy-five per cent. of all the cases of functional headache and migraine.

—Callan, *Jour. Am. Med. Assoc.*

DEODORIZATION OF IODOFORM BY CREOLIN.—Dr. Ludwig Váci, a practitioner in Nagy-Karoly, communicates to the *Medicinisch-chirurgische Rundschau* his discovery of the power of creolin to deodorize iodoform. He had prescribed an ointment consisting of one part of creolin, two of iodoform, and twenty-five parts of vaseline. On the following day he was surprised that not only was the usual color of iodoform ointment changed, but that there was no smell of iodoform, and only a slight smell of creolin. He points out how important it is in many cases that the presence of iodoform should not be known by its odor, and considers creolin the very best of all deodorizing drugs for the same. It not only does not irritate, but it is also itself a good disinfectant.

—*Lancet*.

THE *Sei-i-Kwai Medical Journal* contains the report of an investigation of distoma pulmonalis, in the Okayama prefecture. Great hardships were caused by the prevalence of this disease at Lama, the town being quarantined by its neighbors. The disease is attributed to infected drinking-water. Males are affected more than twice as often as females. The symptoms are: Cough, hemoptysis, sputa resembling "the intestines of a fish." Patients are usually able to do some work. In the sputa are to be found the eggs of the distoma, and Charcot's crystals, mixed with pus cells and partly disintegrated red corpuscles. The disease continues for years; not necessarily shortening life, but rendering the victim unable to do hard work. It attacks persons from ten to thirty years old most frequently.

RESUSCITATIVE EFFORTS IN THE NEW-BORN.—When it is stated by an authority of eminence that, "I believe the attitude of the profession in general, is one of incredulity, as regards the efficacy of the means at our disposal to restore the life of children in the more desperate cases of asphyxia. In my experience it is the usual procedure to spank the child, to immerse it in hot and cold water, and then to wrap it in warm clothes and place it by the fire to die. Yet the object of medical practice is to save life, and for my part I regard the rescuing of a new-born infant from impending death to be as distinctly a professional triumph as the saving of life by ovariectomy, by Cæsarian section, or by the operation for appendicitis," it becomes the bounden duty of the profession to turn for a moment to a due consideration of the statement, and a thought—or more than thought—of the real possibilities of reducing the number of still-births. We can scarcely agree with the author in believing that the resuscitation of the still-born is to be regarded as an achievement of equal greatness as the conserving of a *developed* life by the surgical procedures above named; yet the importance of rescuing an infant life—where two lives are not in immediate peril—is not to be determined by a comparison. It is clear that if well-directed and patiently-continued efforts will restore life in a goodly number of still-births, then the professional course to pursue admits of no discussion, but does call for more elucidation, a wider and deeper interest, and a continued investigation with a view of both limiting the known causes of still-births, and the perfection of those methods will the more readily insure the return of viability to the one whose spark of life was supposed to have departed.

—*Jour. Am. Med. Assoc.*

THE Chicago College of Physicians and Surgeons graduated a class of forty-two, March 24.

At the Edinburgh Medico Chirurgical Society, Dr. Bramwell read a paper entitled *The Symptoms of Myxœdema and of Exophthalmic Goitre Contrasted*. In both of these affections the thyroid gland was affected. In the former it was atrophied and its functions diminished, while in the latter it became hypertrophied and its functions increased. In myxœdema the symptoms came on in a slow and insidious way, generally late in life, and usually in married women; in exophthalmos they often set in suddenly, as after a fright, earlier in life, and in unmarried, or if married, sterile women. The temperature in myxœdema was subnormal, and patients felt cold, the skin was dry and harsh, and its electrical resistance increased; in exophthalmos the temperature was subject to elevations, the skin soft and moist, and its electrical resistance diminished. Constipation and amenorrhœa were usually present in the former affection, while in the latter diarrhœa and menorrhagia were frequently met with. Nervousness was not present in myxœdema, but was a constant symptom in exophthalmos. Myxœdema was said to be the result of degeneration of the thyroid gland, and might be secondary to some nerve lesion. In cases where the thyroid became atrophied or its functions diminished, or where it had been extirpated, these symptoms of myxœdema appeared. The symptoms of exophthalmos, on the other hand, were the result of excessive activity of the function of the thyroid, or might be due to perverted function of the gland. The pathology of exophthalmos was obscure, but the primary cause was apparently nervous, and due to some derangement of nerve centres.—*Med. Press.*

THE ENDOSCOPE IN URETHRAL AFFECTIONS.—Lewis (*Medical Herald*, March, 1891,) prefers the endoscope of calibre 25 (French), which he regards as most convenient. Although straight and only four inches in length, it is easily capable of passing through the various curves of the canal and reaching to the bladder, a depth of eight or nine inches from the meatus, and this, when carefully introduced, without suffering on the part of the patient. This is possible from the compressibility of the greater part of the urethra. The advantage of the short tube is that the parts to be studied and treated are brought so much nearer the eye. Any undue sensitiveness of the urethra may be allayed by cocaine. The instrument is pushed in until the inner end penetrates the triangular ligament; then the outer end is gradually brought downward, at the same time making the inner end hug the roof of the urethra tightly in order that it may keep in the axis of the ascending curve in this neighborhood. When it has entered to the desired depth, the obturator, that has served to protect the mucous membrane from injury by the rather sharp edge of the endoscope, is withdrawn, the light thrown in, and the field mopped dry with absorbent cotton, and treated at leisure. With the endoscope not only are we able to diagnose intelligently and positively, but we are able to treat intelligently, limiting our medication absolutely to the affected patch. It is well to know that although the urethra cannot stand the application of strong nitrate of silver when injected in quantity, as, for instance, with the ordinary syringe, by the endoscopic method, by which the fluid is confined to limited areas, solutions as strong as sixty grains to the ounce are used without damage or an excessive amount of pain. Lewis usually begins with a solution of only moderate strength, say from five to ten grains to the ounce, gradually increasing, according to the case at hand. The treatments

are administered two or three times a week. If it is intended to go as far back as the poststatic portion, it is well to have the patient urinate before hand to prevent any flooding of the operator through the endoscopic tube.

OFFICIAL REPORT ON KOCH'S TREATMENT IN PRUSSIA:—

TABLE I.—Tuberculosis of Internal Organs.

DISEASES.	Number of Cases Treated.	Cured.	Substantially Improved.	Improved.	Unimproved.	Died.
I.—PULMONARY TUBERCULOSIS:						
1. Early pulmonary phthisis...	242	9	72	59	98	0
(a) With laryngeal tuberculosis...	30	0	10	6	13	0
(b) With tuberculosis of other internal organs...	7	0	1	2	4	0
(c) With other diseases...	8	0	0	1	6	0
2. Moderately advanced pulmonary phthisis...	444	1	68	68	278	6
(a) With laryngeal tuberculosis...	85	1	10	11	37	2
(b) With tuberculosis of other internal organs...	15	0	1	4	5	2
(c) With other diseases...	14	0	0	0	7	2
3. Very advanced pulmonary phthisis (cavities)...	246	0	7	31	162	30
(a) With laryngeal tuberculosis...	60	0	1	4	45	5
(b) With tuberculosis of other internal organs...	24	0	1	2	17	1
(c) With other diseases...	16	0	0	1	7	5
I.—PULMONARY TUBERCULOSIS (all grades taken together)...	982	10	147	158	533	36
(a) With laryngeal tuberculosis...	175	1	21	21	95	7
(b) With tuberculosis of other internal organs...	46	0	3	8	26	3
(c) With other diseases...	38	0	0	2	20	7
II.—LARYNGEAL TUBERCULOSIS.	63	1	18	23	15	4
With pulmonary tuberculosis.	45	0	16	13	12	4
III.—PLEURISY.	13	1	0	3	9	0
IV.—PERNICIOUS ANEMIA.	1	0	0	0	0	1
V.—TUBERCULOSIS MENINGITIS.	4	0	0	1	1	2
VI.—PERITONEAL TUBERCULOSIS.	14	1	3	3	4	2
VII.—INTESTINAL TUBERCULOSIS.	1	0	1	0	0	0
VIII.—RENAL TUBERCULOSIS.	4	0	0	0	4	0
IX.—URETHRAL and VESICAL TUBERCULOSIS.	10	0	0	4	5	1
X.—TESTICULAR TUBERCULOSIS.	18	0	2	2	14	0
XI.—DOUBLE TUBERCULOUS PYOSALPINX, with incipient pulmonary phthisis.	1	0	0	0	1	0
Totals.	1,061*	13	171	194	586	46

* The difference between the total number of cases and the number in which the result of the treatment is given is due to the fact that a few reporters give no information as to the result.

TABLE II.—External Tuberculosis.

DISEASES.	Number of Cases Treated.	Cured.	Substantially Improved.	Improved.	Unimproved.	Died.
I.—LUPUS.	188	5	78	84	21	0
With tuberculosis of internal organs.	27	0	5	6	3	0
II.—TUBERCULOSIS OF SINGLE BONES AND JOINTS.	397	9	51	119	211	6
With tuberculosis of internal organs.	48	0	1	4	22	1
III.—TUBERCULOSIS OF SEVERAL BONES AND JOINTS.	40	0	3	12	23	2
With tuberculosis of internal organs.	10	0	0	1	7	2
IV.—TUBERCULOSIS OF LYMPH GLANDS.	38	0	9	7	22	0
With tuberculosis of internal organs.	8	0	1	0	7	0
V.—TUBERCULOSIS OF SOFT PARTS.	8	0	1	4	3	0
VI.—TUBERCULOSIS OF SCARS.	4	0	0	3	1	0
VII.—SCROFULODERMA.	6	1	2	3	0	0
VIII.—LEPRO.	2	0	0	1	1	0
IX.—RODENT ULCER.	2	0	0	1	1	0
X.—TUBERCULOUS ANAL FISTULA.	3	0	1	0	1	1
XI.—TUBERCULOSIS OF SHEATHS OF TENDONS.	1	0	1	0	0	0
XII.—SCROFULOUS ECZEMA.	1	0	0	1	0	0
XIII.—SCROFULOUS KERATITIS OF BOTH EYES.	2	0	2	0	0	0
XIV.—EAR DISEASES.	16	0	0	2	14	0
With pulmonary tuberculosis.	7	0	0	1	6	0
Totals.	708	15	148	237	298	9

—*Brit. Med. Jour.*

ANTIPYRETICS IN DISEASES OF INFANCY.—Demme, in the annual report of the Berne Hospital (*Concours Medical*), relates his experience of the new antipyretics in children. In the first place, however, he holds that their employment is unnecessary in moderate pyrexia (101° to 103° F.); he prefers the application of cold damp cloths renewed every two hours; or when there is much nervous excitement or insomnia, lukewarm baths (79° to 82.5°), lasting five or ten minutes, and repeated once or twice a day. The propriety of using antipyretic drugs should be considered in cases in which there is a continuous temperature of about 104° F., and in adopting the treatment the cause of the pyrexia and the power of resistance possessed by the patient must be taken into account. These drugs are of value in enteric fever, acute rheumatism, and broncho-pneumonia; they should be used with great caution in fibrinous pneumonia, diphtheria, and the acute exanthems (measles, scarlet fever, etc.) In acute rheumatism, if there is a dislike to salicylate of soda or a tendency to diarrhoea and vomiting, he replaces it by salol. Quantity to be given daily in divided doses: salicylate of soda, 2 to 4 years, 8 to 15 grains; 5 to 10 years, 15 to 30 grains; 11 to 15 years, 38 to 45 grains; salol (in powder), 2 to 4 years, 12 to 16 grains, in three doses; 5 to 10 years, 22 to 33 or 44 grains, in three or four doses; 11 to 15 years, 33 to 45 or 60 grains, in three or four doses. In enteric fever, Demme has had good results with sulphate of thallin; he gives it in powder every two hours, each dose being for a child of 3 to 4 years, $\frac{1}{4}$ to $\frac{1}{2}$ grain; 5 to 10 years, $\frac{1}{2}$ grain; 11 to 15 years, $\frac{1}{2}$ to $\frac{3}{4}$ grain. In broncho-pneumonia, in which there is a liability to a long continuance of a high temperature and to relapses, Demme prefers antipyrine to all other antipyretics; he gives it dissolved in water with a little sugar and a few drops of cognac. He employs it also in the acute exanthemata and in serious diphtheria if the temperature becomes so high as to appear to call for an antipyretic. He gives it hourly in the following doses: 2 to 4 years, 3 to 6 grains; 5 to 10 years, 8 to $11\frac{1}{2}$ grains; 11 to 15 years, $12\frac{1}{2}$ to 15 grains. In the later stages of broncho-pneumonia, where the fever is of the hectic type, the antipyretics belonging to the aromatic series have little effect. Sulphate of quinine, on the contrary, not only hastens recovery, but actually "jugulates" the disease. He gives it in the following doses: 2 to 4 years, 3 to 6 grains; 5 to 10 years, 8 grains; 11 to 15 years, $11\frac{1}{2}$ to 15 grains.—*Brit. Med. Jour.*

CEREBRAL LESIONS ALTERING TEMPERATURE.—

1. The normal rectal temperature of a rabbit is between 101° F. and 103° F.
2. Neither an anæsthetic nor a slight operation on the brain affects the temperature much unless some special part of the brain is damaged.
3. Lesions of the corpus striatum, if not large enough to cause shock and hemorrhage, lead to a considerable rise of temperature, on the average equal on the two sides of the body, even if only one corpus striatum is damaged.
4. Lesions of the septum lucidum also cause a rise of temperature.
5. Lesions of the optic thalamus do not alter the temperature.
6. Lesions of the white matter around the corpus striatum and optic thalamus do not cause a rise of temperature.
7. Lesions of the cerebellum do not alter the temperature.

8. Lesions of the posterior part of the upper surface of the cerebral cortex of the rabbit may cause irregular alterations of temperature, which are quickly produced, and last only a short time. Sometimes the temperature falls, sometimes it rises, sometimes there are several rises and falls after one operation—characters very different from the rise of temperature produced after lesions of the corpus striatum.

9. Lesions of the crus cerebri cause a considerable rise of temperature.

No completely satisfactory explanation of these experimental results can at present be given. I have elsewhere pointed out their bearing upon evolution and upon medicine. The fact that a minute lesion in the corpus striatum can cause a considerable rise of temperature, and that the rise only lasts some hours suggest that the effect is irritative, although the central nervous system does not usually respond to mechanical stimulation; still it is quite possible that in the case under consideration the effused blood and serum act as irritants, for we know that in man unilateral convulsions may follow hemorrhage in the opposite side of the brain.

Most observers who have performed experiments with a calorimeter, and upon the amount of carbonic acid gas excreted, consider that the rise of temperature produced by lesions of the corpus striatum is due to an increased production of heat, and indeed the uniformity, the regularity, and the extent of the rise suggest this; it is interesting also to notice that the corpora striata first became well developed in warm blooded animals, but great stress must not be laid upon this as an argument until we are more sure of the precise homologues in the lower animals of the corpora striata in the upper. We are still more in the dark about the interpretation of the variations of temperature consequent upon lesions of the cortex. Considering their very irregular and rapid character, it is tempting to assume that certain parts of the cortex are concerned in maintaining the balance between the production of heat and its loss, but much evidence must be collected before anything certain can be said upon this difficult point.

—*Brit. Med. Jour.*

COLD-BATH TREATMENT OF TYPHOID FEVER.—

1. By means of the bath-treatment, systematically employed, the hospital death-rate of typhoid may be greatly reduced.
2. The reduction should amount to 50 per cent. on the previous death-rate; and that the percentage mortality to admissions should not be over 8 per cent. (always supposing the term *typhoid* to be used in its second degree of extension).
3. This result may be obtained in spite of the fact that many of the cases are unsuited to the treatment; and that much more might be expected in appropriate cases only.
4. The success is in proportion as the treatment is begun early in the disease.
5. As evidenced by the undiminished occurrence of perforation and hemorrhage, and by the fact that early admission has failed to render them less frequent, the treatment has no influence on the depth of the ulceration.
6. Since a constant percentage (about $4\frac{1}{4}\%$) of the cases admitted die from these accidents, no reduction in the general mortality much below 5 per cent. can be expected from the treatment, even were it possible to ensure every case being admitted under the most favorable circumstances.

7. As the result of the different liability of the sexes to these accidents, the prognosis under the bath-treatment is vastly more favorable in females than in males. For instance, in any two given cases, *ceteris paribus* and without reference to the date of fever on admission, the danger to life is but little more than half in the case of the former; while if both are admitted during the first week of the fever, this is reduced to one-quarter.

8. On the whole the lethal influence of the intestinal lesion is diminished; that the treatment effects this (a) directly, by moderating diarrhoea, and (b) indirectly, by sustaining the powers of the patient, and thereby enabling him to recover from the effects of the hemorrhage and other not necessarily fatal intestinal conditions.

9. The vast bulk of the reduction in mortality is due to the prevention of those complications and modes of death which, being more or less common to the febrile state, however induced, have been termed pyrexial. Thus (a) fatal pneumonia has been less than one-fourth as frequent, this being chiefly due to the rarity of the bronchial form; (b) brain complications have been less fatal, and brain symptoms (delirium, stupor, etc.), enormously reduced in frequency; while (c) it is no exaggeration to say that simple cardiac failure would have been practically expunged from the list had all the cases admitted come under treatment during the first week of the disease.

This last conclusion (g) embodies the central truth brought out by the inquiry. For those who are inclined to withhold their assent from it, only one loophole, so far as I can see, remains open—and that is a doubt as to the good faith of the statistician. To meet this to some extent, the original documents which constitute the data of the inquiry have been preserved and filed at the Brisbane Hospital, where they may be examined by any member of the profession who is sufficiently interested in the subject. They include—(1) Most of the charts of the cases in the expectant period. (2) All the charts (with three or four exceptions) in the bath period, with a brief account of the main features in each case, the number and duration of the baths, and their effect on temperature and pulse, and other special therapeutic measures. (3) *Post-mortem* record, consisting of notes made at the autopsy on 117 of the fatal cases; eighty-seven are from the bath period; no examination being made in the other five. Thirty are from the expectant period. Although *post-mortem* examinations were only omitted in about seven of the eighty-five fatal cases that occurred in this period, unfortunately the record of the earlier ones was not preserved.—F. E. Hare, *The Practitioner*.

HEPATIC SURGERY.—At the Medical Society of London, in the absence of Mr. Knowsley Thornton through illness his paper on "Observations on Some Additional Cases Illustrating Hepatic Surgery" was read by Mr. Marmaduke Shield. After recalling his two previous papers on the same subject read before this society in 1887 and 1888, the author stated that the present series completed the whole of his practice in this branch of surgery to the end of January, 1891. He gave full notes of nine cases in which he had diagnosed gall-stones, had found and removed them in seven, with complete cure; had failed to find a stone which was present in one, the patient dying, and the stone being found after death in the peritoneum; and in the remaining case found hydatids to be the cause of obstruction instead of gall-stones, the patient making a smooth recovery. He then referred

more briefly to seven other cases in which he had operated and found pathological conditions having a more or less important bearing upon hepatic surgery. One of these was a large hydatid cyst of the liver, which had been diagnosed by several physicians as disease of a much more serious character. The patient recovered. Two were cases of malignant disease, one a case of doubtful nature, and one of chronic pain, and adhesion after the passage of large gall-stones. In none of these did he consider before operation that the indications pointed to the presence of gall-stones. In one other case he operated, expecting to find gall-stones, but found nothing definite to account for the attacks of pain, and though temporary relief followed the exploration, there had been recently fresh attacks of pain. The last case was one of very large tropical abscess of the liver in a gentleman aged sixty-three, in which unusually rapid recovery followed free incision and drainage. Commenting on the whole series, he claimed the results as good, and amply justifying the operative procedures. At the same time there was sufficient uncertainty and failure to show that it was to more perfect diagnosis that our attention must be directed. This would be greatly aided by more frequent exploration in doubtful cases. He dwelt upon the important points in the diagnosis of gall-stones while still in the bladder, in the cystic duct, and in the common duct, and emphasized from two of the cases recorded the danger of attempting to force the stones through by massage; and also pointed out that adhesion of the gall-bladder to the right kidney was a potent source of error in diagnosis, both from the position of the swelling and the sympathetic renal symptoms induced. He claimed three entirely new departures in this branch of surgery:

1. Direct incision of the common duct, and removal of the stone, with complete suture of the opening without opening the gall-bladder.

2. Incision into the common duct, needling the stone into fragments, and closing the duct over the fragments, leaving them to find their own way into the duodenum.

3. Leaving the gall-bladder open in the peritoneum with efficient provision for drainage through the abdominal incision in cases in which it is impossible to suture it into the abdominal wound, and not advisable to attempt complete intra-peritoneal suture. In the latter cases, and in all cases where fouling of the peritoneum was possible, he strongly advised a counter opening above the pubes, and additional drainage by means of a glass tube in the pouch of Douglas.

Sir Joseph Fayrer congratulated the author on including the unfavorable as well as the favorable data with regard to his cases. He himself had seen practically nothing of the surgery of the gall-bladder, but he had had a very large experience of hepatic abscess. He quoted two cases of calculus of the gall-bladder in which nature had relieved herself; one patient came to him with a history of long trouble in the hepatic region and a sinus at the umbilicus. He recovered completely without operation, passing twelve gall-stones by the way of the umbilical opening. Another case was that of a lady, the wife of a medical man, who was very ill and suffering from severe hepatic colic and jaundice. On deep palpation an enlarged gall bladder was felt, the outline of the stones being distinctly perceptible. He advised awaiting a day or two before operation, and during this time all the gall-stones were passed by the bowel, the manipulation for the purpose of diagnosis having probably dislodged them.—*The Lancet*.

ECLICTIC PRACTICE.—We have repeatedly referred to this school, and endeavored to obtain from them a tangible statement of the principles upon which they base their existence as a separate school in medicine. Finding it impossible to procure such a statement of principles, it is fair to conclude that they have none. It is then a matter of interest to know wherein their practice differs from our own; and, to illustrate this, we append a few extracts from one of their leading journals. Our readers can then judge whether the remedies employed are true, and not imaginary, and whether they do not come legitimately within the field of regular medicine:

INFANTILE DYSPEPSIA.—The treatment will vary very greatly, and will be successful as our diagnosis has been accurate. We especially want to fit the remedy to the case, and it will not do to say *some* bitter tonic, *some* peptic or restorative; it is "the indicated remedy" which will give success.

Nux.—If pain is a prominent symptom (colic), many physicians would at once select nux as the remedy, and sometimes the effect is wonderful. 1, 2, or 3 drops in a half glass of water, in small doses frequently repeated, relieves the pain, and then at longer intervals, with care as to the food, may give a complete cure.

Colocynth.—When the pain is certainly in the lower abdomen, with desire to stool and tenesmus, the discharges being small or mucoid, the minute dose of colocynth sometimes gives great relief.

Phosphate of Soda.—When there is constipation, I have thought that this salt is especially beneficial. I prefer to give it so that it will not be regarded as a medicine; and if the child is old enough, a salt-cellar filled with it, and placed at the child's plate at meal times, may give sufficient for the laxative influence.

Arsenic.—With a feeble and relaxed skin I have given arsenic with advantage. I add of Fowler's solution 2 drops to water 4 ounces, and give a teaspoonful every three or four hours.

Lycopodium.—I have had excellent results from the use of lycopodium, following the homœopathic symptomatology—"worse in the afternoon from 2 to 4, high-colored, red urine." Recently a severe case, with frequent small discharges, painful, with tenesmus and prolapsus ani, was cured with this remedy after other means had failed.

Agrimonia.—Another case with poor appetite, bad digestion, and paroxysmal pain associated with urination, is cured with agrimonia.

Iron.—In the olden time I used the tincture of muriate of iron a good deal in infantile dyspepsia and poor nutrition. There is evident leucocythæmia, as shown by the white, transparent skin, and the want of color in the lips and nails. The dose was not large, ʒij to simple syrup ʒij; one-fourth of a teaspoonful three or four times a day.

Compound Tonic Mixture.—Whilst not used so frequently as in the dyspepsia of the adult, the triple phosphate of quinine, strychnine, and iron is sometimes a very good remedy. It is especially useful when the appetite has failed, so that the child cannot take a necessary quantity of food. The dose is small—from 1 to 10 drops in a little water. Though bitter, it is better taken by children than one would suppose.

Uvedalia.—With enlarged liver or spleen, or hard, nodulated abdomen, I have used the uvedalia ointment with massage, and with most excellent results. Sometimes it is used as hot as it can be borne, but always with much friction.

Quinine Inunction.—One of the best means in many of these cases is the use of quinine by inunction. Sometimes the entire surface is rubbed, at others but the abdomen, once or twice daily. In localities where remittent or intermittent diseases prevail, this should always be thought of.

Foods.—If the child be nursing, the diet of the mother should always be looked after. It is possible that with a change in her food an improvement will take place. If the child is taking cow's milk, this should be good. If the milk is bluish, has a greenish tinge, shows flocculence by standing, has any peculiarity of taste or smell, it should be rejected. Milk from another cow, or cream properly diluted, may effect the necessary change. If not, we may have recourse to goat's milk, condensed milk, or some of the foods like Carnrick's and others, that are advertised in the journals. It will surprise one who has not had experience, to see what a change is sometimes effected by change of food, when medicine has not succeeded.

—Editorial, *Eclectic Med. Jour.*

ARISTOL. PEROXIDE OF HYDROGEN, PYOKTANIN.—Nothing that I have ever tried begins to compare with a fifteen per cent. ointment of aristol for bed-sores. The aristol should be thoroughly incorporated with the proper proportion of vaseline. "It acts like a charm." The same preparation is an excellent remedy in the treatment of old, irritable ulcers of the leg. The ointment should be spread on thin layers of antiseptic cotton and applied after thoroughly cleansing the sores with peroxide of hydrogen. The cotton should be prepared in such manner as to make a smooth surface, over which should be placed a roller bandage, perfectly smooth and of just sufficient tightness to be comfortable.

I have used pyoktanin in one very severe case. There was an ulcer just below the left patella, three inches in diameter, another below this six inches in length, very deep, from which were removed several pieces of bone. Besides these there were numbers of smaller ulcers, varying in size from a silver twenty-five cent piece to that of a silver dollar, deep and ragged—the whole discharging a large quantity of offensive pus. The limb was swollen and painful.

The ulcers were thoroughly cleansed with a 75 per cent. solution of peroxide of hydrogen, and then dried, after which they were well dusted with pyoktanin, and covered with antiseptic cotton, over which was placed a loose roller. The pain soon subsided, and in a few days the discharge had nearly ceased, while the offensive odor was entirely absent. Dressings were changed every twenty-four hours. This treatment was continued for some three weeks, at which time the larger ulcers had begun to heal. The aniline was then left off, and the aristol ointment substituted as recommended above, a roller bandage being applied from the toes to the knee. At this writing the ulcers are nearly healed.—Squire, *Eclectic Med. Jour.*

SPECIFIC MEDICATION.—*Tincture of guaiac* is a specific for tonsillitis, when we have great swelling with humidity and deep redness of tonsillar mucous membrane. Scores of physicians testify to its specific efficiency in such cases; the dose is only a fraction of a drop, and still one dose of the medicine will give relief. Many of our patients who are subject to attacks of tonsillitis with every slight cold carry a bottle of the medicine with them constantly, and upon the first appearance of that characteristic stiffness and pricking sensation in the throat, immediately stop its progress by a dose or two.

Penthorum sedoides is the remedy for spring colds with a stuffing up of the nostrils and cold in the head, with profuse nasal secretion; in other words, coryza, with fullness of mucous membranes, abundant secretion, spongy gums, and the conditions so commonly called catarrh among the laity. Internally it should be given in doses of 10 drops to 4 ounces of water, teaspoonful every two hours, and also used as a spray diluted with water.

Calendula has been attracting some attention lately, and perhaps some new indications for its use may appear. *Calendula* is the remedy for varicose veins, especially of the lower extremities. When we have varicose ulcers on the leg we must first heal the sore; and by bathing the limb with *calendula*, also giving it internally, the rubber bandage will complete the cure.

Another chronic condition which is speedily and surely dissipated by straight medication is enlargement of the thyroid gland. We speak what we do know when we say give *iris*—but not the common every-day preparations which are usually kept in the drug stores. Tincture or fluid extract made from the dried root has about the same virtue as a tincture of wooden toothpicks. The specific tincture is what we must use. When we have enlarged thyroid with anæmic and atonic conditions, especially in young girls just entering maturity, give *iris*, 10 drops to 4 ounces of water, teaspoonful four times a day.

Another chronic disease which has responded very satisfactorily to specific treatment is vaginal leucorrhœa in young girls otherwise robust. In such cases vaginal examinations are not to be made. Injections are also very mortifying to the delicate shrinking nature of the highly sensitive organization of the patient. You will be perhaps surprised and gratified beyond measure with the promptness with which *helonias* will relieve the symptom. *Helonias* acts by increasing the tone of the relaxed and secreting vaginal mucous membrane.

There is one condition which will be removed by small doses of *ignatia*, which is a great comfort in some ways; and that is feminine sexual frigidity. Do not let your sense of the ridiculous entirely overcome you, but just give the remedy a trial in cases where there are no morbid variations, and nothing in the way but feminine sexual frigidity.

—Watkins, *Eclect. Med. Jour.*

FRENCH NOTES.

A. E. ROUSSEL, M. D.

THE various treatments of tinea tonsurans employed at the St. Louis Hospital:

1. Treatment of Bazin.—1. Epilation of the patches.
2. Lotions of sublimate, 4 to 1,000.
3. The use of a parasiticide pomade of acetate of copper, of sulphur, or of turpeth mineral.

II. Treatment of M. Vidal.—This treatment forms the basis of the medications the most used at the St. Louis Hospital since 1888, when Vidal and Marfan demonstrated that the trichophyton is a parasite found in the atmosphere, and that the principle of occlusion is one of the best means of destroying this growth.

1. Frictions with the essence of turpentine and applications of tincture of iodine on the diseased surfaces.
2. The application over the head of vaseline and iodine (4 to 100), then a bonnet of caoutchouc, or a leaf of gutta-percha.

III. Treatment of Ernest Besnier.—1. Keep the hair shaved during the duration of the treatment;

epilation of a zone of 6 to 8 millimeters around the patches; remove, by means of a curette, all the broken hairs and diseased products accumulated around the patches.

2. Daily washing with tar soap, with salicylic acid or with sulphur.

3. Cover all the patches with *emplastrum vigo*.

IV. Treatment of M. Hallopeau.—1. Wash the scalp each morning with black soap; then, after having wiped dry, rub with the following solution:

R.—Camphorated alcohol..... 4½ ounces.
Essence of turpentine..... 6 drachms.
Ammonia liquid..... 1 " "

2. Twelve hours later apply vaseline with iodine, 1 to 100.

3. Cover the head with caoutchouc for an entire day; apply the vaseline and iodine at night.

4. Shave the hair each week.

V. Treatment of Unna (of Hamburg).—1. Apply over the entire scalp the following pomade:

R.—Salicylic acid..... 30 grains.
Chrysarobine..... 75 " "
Ichthyol..... 75 " "
Simple ointment..... 3 ounces.

2. Cover the head with an impermeable bonnet, which should be partially removed during four days for a new coating of pomade.

3. At the end of four days remove the chrysarobine pomade, and for three days friction with a pomade of ichthyol (5 per cent.)

4. Recommence the following week a new period of seven days, and continue in the same manner until a cure results, which will take one month.

VI. Treatment of M. Quinquand.—1. Cut the hair very short with scissors, soap the head each morning with warm water, then rub with the following lotion:

R.—Biniodide of mercury..... 2½ grains.
Bichloride of mercury..... 15 " "

rub in mortar and dissolve with

R.—Alcohol at 90°..... 10 drachms.
Distilled water..... 8 ounces.

2. If necessary the use of a curette; then, after using the lotion, the following may be applied:

R.—Biniodide of mercury..... 2½ grains.
Bichloride "..... 15 " "
Emplastrum..... 8 ounces.

3. At the end of forty-eight hours, remove the plaster; soap the head; rub with the above lotion; renew the plaster, and thus continue until a cure is effected.

M. Quinquand has successfully employed the following pomade instead of the plaster:

R.—Vaseline..... 3 ounces.
Chrysophanic acid..... 30 grains.
Salicylic acid..... 30 " "
Boric acid..... 30 " "

—La Tribune Médicale.

ON THE INFLUENCE OF INTESTINAL ANTISEPSIS ON THE TOLERANCE OF CERTAIN MEDICAMENTS.—At a previous meeting of the Société de Biologie, M. Féré spoke of the good results obtained from intestinal antiseptics in patients suffering from brominism who notice the disappearance of all troubles due to the accumulation of bromide of potassium, and, in particular, the cutaneous manifestations. This antiseptics has since been continued without interruption, and, notwithstanding that the patients have daily

taken 60 grains of naphthol and 30 grains of salicylate of bismuth for nearly two months, they have experienced no untoward effects. The tolerance is, therefore, very great. It seems that we may consider as definite the advantages which it confers relative to the administration of bromide of potassium, which, in several cases, has been administered in doses of 225, 240, and even 255 grains a day, not only without inconvenience, as far as their general health was concerned, but with great advantage as regards their convulsions. M. Féré reports the equally good action of the intestinal antiseptics in patients who were placed under the borax treatment; this last medication, which occasions certain cutaneous affections, may thus be administered without any bad results.

—*La Tribune Médicale.*

THE MALARIAL ELEMENT IN OÖPHORALGIA.—Mrs. M., aged twenty years, was first seen by me four years ago, soon after she had had an abortion at six weeks. She was suffering with severe pain in the right ovarian region, unaccompanied by evidences of acute inflammatory trouble. Examination showed well-marked antelexion, with prolapse of the right ovary, the gland being neither much enlarged nor especially tender. Her husband, himself a physician, treated her locally, and she was soon up and about. She had had moderate dysmenorrhœa before marriage, which continued afterward, but was relieved by dilating the os internum just before the flow. Two years later she became pregnant again, and I delivered her by high forceps without local injury, except a slight laceration of the cervix. Her convalescence was normal. The prolapsed ovary gave her some trouble during her pregnancy, but was not tender when I examined her three weeks after labor, and introduced a pessary in order to correct a tendency to retro-displacement and prolapsus. I treated her several times for the ovarian tenderness, but after a few months the pessary was removed, and she menstruated without pain, provided that the os internum was dilated, as before, previous to the flow, for the antelexion persisted. Eight weeks ago I was called to see her. She had been in excellent health for several months, menstruating regularly and without pain. Her monthly flow had begun the day before, and was followed by severe lancinating pains in the right ovarian region, which radiated down the back of the thigh and across to the opposite groin. The patient is more than usually courageous, and certainly did not exaggerate her symptoms. She possessed a marked tolerance for analgesics, and was given large doses of morphine, antipyrine, and antifebrine, with only temporary relief. On palpating the abdomen I found extreme tenderness over the right ovary, while by the vaginal touch the organ could be felt distinctly enlarged and very sensitive. No rise of temperature or acceleration of the pulse. Diagnosis: Congestion of the ovary, the cause being unknown.

I advised hot applications over lower portion of abdomen, hot vaginal douches, and phenacetine, ten grains, to be repeated in an hour. No relief was obtained, and it was necessary to give Majendie m_{xx} during the night, to render the pain bearable. Next day the mild galvanic current was employed, one sponge being placed over the sacrum, the other over the right ovarian region; it increased the pain, and was discontinued. As menstruation had ceased, glycerine tampons were used with the idea of supporting the enlarged ovary. They afforded only temporary relief. The patient at this stage became

very much discouraged, and began to wonder if oöphorectomy would not be necessary.

After three or four days of ineffectual treatment, I noticed that the pain seemed to be most severe in the afternoon, that it reached its acme during the night, and gradually subsided during the morning hours. Careful inquiry developed the fact that the patient had had a well-marked attack of intermittent fever of the quotidian type a few months before, which yielded to twenty-grain doses of quinine in two or three days. The chill occurred in the afternoon. There had been no history of malarial neuralgia since then, but, noting the apparent periodicity and neuralgic character of the ovarian pain, I determined to test the value of quinine. On the following day twenty grains were given in the forenoon; the pain was much less severe, so that the patient was able to sleep without an anodyne. A repetition of the dose on the next day resulted in a complete disappearance of the usual sharp, lancinating pain, only a soreness remaining at its former site. On the third day the dose of quinine was reduced to fifteen grains, and on the following day to ten, which was given daily for a week. *The pain did not reappear.* The patient came to my office at the end of ten days, and reported herself as feeling well, and able to walk half a mile without pain or weariness. Local treatment (tampons and galvanism, with hot douches) was employed for a few days and was then discontinued. The next menstrual period was unattended by pain in the ovarian region. At the time of writing the patient is feeling as well as ever.—H. C. Coe, *Am. Jour. Med. Sci.*

NEW TABLE OF ATOMIC WEIGHTS.—The following table represents the latest results with oxygen—16 as a starting point of the system.

The names of elements occurring in pharmacopœial, medicinal, chemicals, are printed in heavy-type.

NAME.	SYMBOL.	AUTOMATIC WEIGHT.	Mercury.....Hg	200.
Aluminum.....Al		27.	Molybdenum.....Mo	96.
Antimony.....Sb		120.	Nickel.....Ni	58.7
Arsenic.....As		75.	Nitrogen.....N	14.03
Barium.....Ba		137.	Osmium.....Os	191.7
Bismuth.....Bi		208.9	Oxygen.....O	16.
Boron.....B		11.	Palladium.....Pd	106.6
Bromine.....Br		79.95	Phosphorus.....P	31.
Cadmium.....Cd		112.	Platinum.....Pt	195.
Cæsium.....Cs		132.9	Potassium.....K	39.12
Calcium.....Ca		40.	Rhodium.....Rh	103.5
Carbon.....C		12.	Rubidium.....Rb	85.5
Cerium.....Ce		140.2	Ruthenium.....Ru	101.6
Chlorine.....Cl		35.45	Samarium.....Sm	150.
Chromium.....Cr		52.1	Scandium.....Sc	44.
Cobalt.....Co		59.	Selenium.....Se	79.
Columbium.....Cb		94.	Silicon.....Si	128.4
Copper.....Cu		63.4	Silver.....Ag	107.93
Didymium.....Di		142.3	Sodium.....Na	23.05
Erbium.....Er		166.3	Strontium.....Sr	87.6
Fluorine.....F		19.	Sulphur.....S	32.06
Gallium.....Ga		69.	Tantalum.....Ta	182.6
Germanium.....Ge		72.3	Tellurium.....Te	128.
Glucinum.....Gl		9.	Terbium.....Tb	159.5
Gold.....Au		197.3	Thallium.....Tl	204.13
Hydrogen.....H		1.007	Thorium.....Th	232.6
Iodine.....I		126.83	Tin.....Sn	119.
Indium.....In		113.7	Titanium.....Ti	48.
Iridium.....Ir		193.1	Tungsten.....W	184.
Iron.....Fe		56.	Uranium.....U	239.6
Lanthanum.....La		138.2	Vanadium.....V	51.4
Lead.....Pb		206.93	Ytterbium.....Yb	173.
Lithium.....Li		7.02	Yttrium.....Yt	89.1
Magnesium.....Mg		24.3	Zinc.....Zn	65.3
Manganese.....Mn		55.	Zirconium.....Zr	90.6

—*Pacific Drug Review.*

AN article contributed to THE TIMES AND REGISTER, of Philadelphia, by Samuel G. Dixon, M.D., upon Care in the Use of Tubercle Bacillus as a Remedy in Tuberculosis, has been published in pamphlet form. Prof. Dixon is a recognized authority in treating this disease, and the pamphlet will find a permanent place within the office of every physician who can obtain a copy of it.—*Daily News.*

Medical News and Miscellany.

SCARLET FEVER prevails in Pratt county, Ill.

DR. FOX, of Milwaukee, is down with the gripe.

DR. FOTHERGILL termed the poor "bridges to the pockets of the rich."

SIR J. Y. SIMPSON said the "hearts of the poor are the roads to the pockets of the rich."

THE poor are the young doctor's rubber ring on which he cuts his first medical teeth.

DR. RICHARD C. NORRIS succeeds Louis Starr as editor of the Pediatric department of the *Annals of Gynecology*.

A MYSTERIOUS epidemic exists at Dayton, Wis. The symptoms resemble scarlatina, but soon change to those of meningitis.

DURING 1890 the Presbyterian Eye, Ear, and Throat Hospital, of Baltimore, treated 9,095 patients. The daily clinic averaged 115 cases.

TWO deaths from trichinosis occurred last week in Milwaukee. Both deaths were certified to as due to typhoid fever before the true cause had been discovered.

THE Illinois Veterinarians met in Annual Council at Champaign, Ill., on March 25. It is not stated that all the veterinarians were in champagne, but many undoubtedly were.

THERE can be no doubt that the influenza really prevails in many parts of the country. In Chicago the deaths number over 1100 weekly, or 400 more than at any time last winter.

DURING the last thirteen years Japan has had 456,080 cases of cholera, the average mortality being 66.54 per cent. It is noted that the years of greatest prevalence were also those of greatest proportional mortality.

THE Sixteenth Annual Meeting of the American Academy of Medicine will be held at Washington, D. C., May 2 and 4, opening at 3 P. M. May 2.

As it will be just previous to the sessions of the American Medical Association, members will be able to attend both meetings.

DISEASED MEAT CONFISCATED.—Matt Lamb, the health officer in the stock-yards district, condemned and reports destroyed yesterday 9,620 pounds of diseased hogs, lumpy-jawed beef, and emaciated calves, and 860 pounds of bad meats. It was the biggest day's work in a long time.

—Chicago Daily News.

PERSONS who are in doubt as to the correct method of tipping the nurse may find the following of interest. The item in a late issue showing that more trained nurses marry than any other class of women workers, shows that she won't object to taking the man as well as his title papers:

Wanted: Deeds.
Not words of winning note;
Not thoughts from life remote;
Not fond religious airs;
Not sweetly languid prayers;
Not love of scent and creeds.

Wanted: Deeds.

—Trained Nurse.

M. VIGNÉ, a French physician, who varies the monotony, and adds to the emoluments, of professional pursuits by writing romances, has got himself into a very sad predicament. It seems that in one of his books he has described as the leading lady a young girl who contracted matrimonial obligations while ignorant that she was physically disqualified from fulfilling them. Thereupon, one of the doctor's patients comes forward and enters suit against him for breach of professional confidence, claiming to have recognized his wife's case in the doctor's story. Whether he will succeed in establishing the lady's identity with *L'eternelle blessee*, he has at least eternally damned the poor doctor's reputation for imaginative fecundity, by revealing the true source of his conception.

WHAT MAKES MAN HAPPY.—

CARNOT.

1. Health.
2. An independent condition.
3. A taste for work.
4. The esteem of people of worth.
5. Love of society.
6. Talent.
7. A knowledge of business.
8. Moderation.
9. A tendency to aid the unfortunate.
10. Companionship of an amiable woman.

TOLSTOI.

1. Natural life in the air, with intimate connection with earth, its plants and animals.
2. Physical labor, bringing good appetite and sleep.
3. Simple, affectionate family life.
4. Free and familiar intercourse with your fellow-men.
5. Health, and a natural, painless death.

—Med. Current.

WEEKLY Report of Interments in Philadelphia, from March 21 to March 28, 1891:

CAUSES OF DEATH.	Adults.	Minor.	CAUSES OF DEATH.	Adults.	Minor.
Alcoholism.....	2	1	Inanition.....	4	7
Apoplexy.....	14	1	Influenza.....	2	1
Asphyxia.....	1	1	Inflammation bladder.....	2	10
Asthma.....	1	1	" " brain.....	3	9
Bright's disease.....	8	1	" " bronchi.....	5	1
Burns and scalds.....	3	3	" " kidneys.....	4	1
Cancer.....	12	3	" " larynx.....	1	1
Casualties.....	7	5	" " liver.....	1	1
Congestion of the brain.....	2	8	" " lungs.....	38	18
" " lungs.....	5	1	" " pericardium.....	1	1
Cholera infantum.....	2	4	" " peritoneum.....	7	1
Collapse of the lungs.....	2	2	" " pleura.....	1	1
Consumption of the lungs.....	58	6	" " s. & bowels.....	6	8
Convulsions.....	4	20	Intussusception.....	1	2
Croup.....	7	1	Locomotor ataxia.....	1	1
Cyanosis.....	4	4	Lymphadenoma.....	1	1
Dyspepsia.....	1	1	Marasmus.....	1	17
Debility.....	2	6	Measles.....	1	1
Diabetes.....	1	1	Malignant Pustule.....	1	1
Diarrhoea.....	2	3	Neuralgia of the heart.....	1	1
Diphtheria.....	7	6	Obstruction of the bowels.....	1	1
Disease of the heart.....	30	6	Old age.....	16	10
" " kidneys.....	1	1	Paralysis.....	10	1
" " liver.....	1	1	Rheumatism.....	2	1
Dropsy.....	1	1	Shock, surgical.....	2	1
Dysentery.....	3	3	Sclerosis of the brain.....	2	1
Efusion of the brain.....	2	2	Septicemia.....	3	1
Epilepsy.....	1	1	Softening of the brain.....	1	1
Embolism, cardiac.....	1	1	Suffocation.....	1	1
Fatty degeneration of the heart.....	1	1	Teething.....	1	1
Fever, malarial.....	1	1	Tumor.....	4	1
" " puerperal.....	3	1	Ulceration of the stomach.....	3	1
" " remittent.....	1	1	Uremia.....	5	1
" " scarlet.....	5	1	Whooping cough.....	4	1
" " typhoid.....	28	10	Total.....	399	195

THE gripe has appeared in Philadelphia, but as yet in a much lighter form than elsewhere. Still, there is a notable increase in the weekly mortality; and pneumonia is again becoming prevalent. Dr. Flick believes that he prevented this complication of gripe by the free use of ammonia.

A CONFERENCE is to be held between a few medical gentlemen to consider the propriety of establishing a medical college in connection with Trinity. We adhere to the opinion expressed at the meeting of the Medical Society in Tarborough, that we are not ready in North Carolina for a medical school until we have endowments sufficient to pay salaries to the professors, but perhaps the time has now come. We hope to give all the particulars to our readers.

—N. C. Med. Jour.

THE gripe is waning in Chicago; but before doing so it lifted the death-rate to 1100 week before last. It is said to have shown more discrimination than usual in the selection of its victims. Laboring men were passed by, while the flabby-muscled denizens of overheated stores were taken. Those enemies of mankind in general—the street-car employes—suffered satisfactorily, while the wishes of the rising generation were respected by the prostration of so many school-teachers that the supply of substitutes ran out, and many classes were suspended.

AN INCREASED DEATH RATE.—Gripe, pneumonia, and the vernal equinox jointly did deadly work in Chicago last week. There were so many deaths that the registrar of vital statistics could not get the mortuary list filled out at the regular hour Saturday. The footings show that 804 persons died during the week. Pneumonia killed 170; gripe, 19; bronchitis, 81; diphtheria, 23; scarlet fever, 15; typhoid fever, 18; consumption, 46. The death rate per thousand was 34.84, almost unprecedented in the history of the city. Dr. Wickersham predicts that the rate this week will fall off 40 per cent. unless some climatic phenomenon supervenes.

—Chicago News.

LIFE ASSURANCE AND THE "SECRET PROFESSIONNEL."—*Autre pays, autres mœurs!* In France the medical man cannot be compelled to divulge, even in a court of law, the nature of the disease for which he has treated a patient. Should he do so without the consent of his patient (or his representatives after death) he incurs the risk of being prosecuted for damages. The following legal pronouncement will give your readers some idea of the protection extended to French practitioners in this respect. Our French *confère* is a real father-confessor. On February 4 the Paris Court of Appeal confirmed a verdict pronounced by the Tribunal of Commerce against an assurance company which had refused to pay the insurance money due to the widow of a policy-holder on the ground of the non-production of a medical certificate stating the nature and duration of the malady to which the deceased had succumbed. The widow could not produce the document in question, for the simple reason that the medical attendant had, for reasons best known to himself, declined to indite it. The Tribunal of Commerce ruled that the doctor, bound by the rules of professional secrecy, is not compelled to furnish a death certificate, it being left to his sole judgment to decide if information revealed to him by his patient comes within the limits of *le secret professionnel*.

—Lancet.

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

ARMY, NAVY AND MARINE HOSPITAL SERVICE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from March 24, to March 30, 1891.

Leave of absence for seven days granted Captain J. Van R. Hoff, Assistant-Surgeon, in orders No. 61, E. S., Fort Riley, Kansas, is extended twenty-three days. Par. 3, S. O. 36, Department of the Missouri, March 27, 1891.

By direction of the acting Secretary of War, Lieutenant-Colonel Charles R. Greenleaf, Assistant Medical Purveyor, will proceed to New York City, on public business, and thence to Boston, Massachusetts, to represent the Army Medical Department at the American Association for Physical Education; and upon the completion of the duties contemplated will return to his station in this city. Par. 3, S. O. 67, A. G. O., Washington, D. C., March 25, 1891.

By direction of the acting Secretary of War, the leave of absence granted Captain Robert J. Gibson, Assistant-Surgeon, in special orders No. 232, A. G. O., October 3, 1890, from this office, is extended one month. Par. 10, S. O. 65, A. G. O., Washington, D. C., March 23, 1891.

By direction of the acting Secretary of War, Major John H. Bartholf, Surgeon, now on duty at Plattsburgh Barracks, New York, will proceed to Fort Wayne, Michigan, and report in person to the commanding officer of that post for temporary duty. Par. 7, S. O. 64, A. G. O., Washington, D. C., March 21, 1891.

Leave of absence for one month, on surgeon's certificate of disability, is hereby granted to Major Henry R. Tilton, Surgeon, U. S. Army. S. O. 56, par. 5, Headquarters Division of the Atlantic, March 21, 1891.

RETIREMENT.

By direction of the acting Secretary of War, the retirement from active service this date, by operation of law, of Captain Henry Johnson, Medical Storekeeper, under the provisions of the act of Congress approved June 30, 1882, is announced. Par. 5, S. O. 66, Headquarters of the Army, A. G. O., Washington, March 24, 1891.

Changes in the Medical Corps of the U. S. Navy for the week ending March 28, 1891.

WHITE, STEPHEN S., Passed Assistant-Surgeon. Ordered to the U. S. S. "Baltimore."

MARTIN, WM., Surgeon. Ordered to Naval Rendezvous, San Francisco, Cal.

HARRIS, H. N. T., Assistant-Surgeon. Ordered to the U. S. Receiving Ship "St. Louis."

PICKERELL, GEORGE MCC., Passed Assistant-Surgeon. Ordered to the Naval Hospital, New York.

RUSH, C. W., Passed Assistant-Surgeon. Ordered for duty with the Inter-Continental Railway Commission.

OGDEN, F. N., Passed Assistant-Surgeon. Ordered for duty with the Inter-Continental Railway Commission.

NORTH, JR., JAS. H., Assistant-Surgeon. Ordered to the Navy Yard, New York.

PROMOTIONS.

AMES, HOWARD E., Passed Assistant-Surgeon. Promoted to Surgeon, March 19, 1891.

PICKERELL, GEO. MCC., Assistant-Surgeon. Promoted to Passed Assistant-Surgeon, March 25, 1891.

APPOINTMENT.

WHITE, C. H., Medical Inspector. Appointed Fleet Surgeon, Pacific Station.

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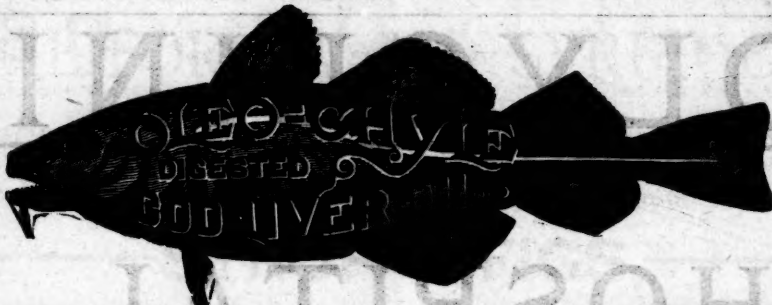
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